BOROUGH OF POOLE

ANNUAL REPORT

FOR 1937

ON THE

Health and Sanitary Circumstances of the Borough

BY

R. J. MAULE HORNE

M.A., M.B., CH.B., B.SC., D.P.H.

Medical Officer of Health

School Medical Officer

Port Medical Officer

etc.

Borough and County of Town of Poole

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HEALTH AND SANITARY CIRCUMSTANCES OF THE BOROUGH & PORT OF POOLE

AND OF THE

SCHOOL MEDICAL SERVICE OF THE BOROUGH

BY

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M.A. (HONS.), M.B., CH.B., B.SC., D.P.H.

Medical Officer of Health School Medical Officer
Port Medical Officer
Medical Superintendent, Borough Isolation Hospitals
Medical Officer for Maternity and Child Welfare
Director, Public Health Laboratories

PART I - - - PUBLIC HEALTH
PART II - - - PORT HEALTH
PART III MATERNITY & CHILD WELFARE
PART IV - SCHOOL MEDICAL SERVICE

PUBLIC HEALTH AND PORT SANITARY COMMITTEE.

Chairman :
THE WORSHIPFUL THE MAYOR :
COUNCILLOR W. J. STICKLAND.

Vice-Chairman :
COUNCILLOR E. O. SPRACKLING.

Aldermen :

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J. A. ROGERS.

Councillors :

J. BRIGHT
M. J. CARTER, J.P.
D. A. HAYNES, J.P.
A. B. HAYNES
Sir JAMES MARCHANT, K.B.E.
A. J. H. PEARCE
F. C. REEVES
R. UMNEY

MATERNITY AND CHILD WELFARE COMMITTEE.

THE WORSHIPFUL THE MAYOR :
COUNCILLOR W. J. STICKLAND.

Chairman :
COUNCILLOR M. J. CARTER, J.P.

Vice-Chairman :
MRS. COTTON.

Members :
COUNCILLORS :

C. W. ALDRIDGE
S. D. BALLAM
A. B. HAYNES
K. A. MACANDREW, J.P.
H. J. MESSER

Co-opted Members :

Rev. R. FAWKES
LADY OMMANNEY
MRS. SANSOM
MRS. P. RICHARDS
MRS. ROBERTS

EDUCATION COMMITTEE.

Chairman :
ALDERMAN H. S. CARTER, J.P.

Vice-Chairman :
COUNCILLOR H. J. COLE.

Aldermen :

F. J. BACON, J.P.
H. S. CARTER, J.P.
W. C. J. SHORTT
A. E. F. CORNWELL
M. J. WHEATLEY.

Councillors :

MRS. M. J. CARTER, J.P.
H. W. CRABB
F. C. REEVES
A. H. JOHNSTON, J.P.
E. D. SPRACKLING
E. J. STICKLAND

Co-opted Members :

MISS BARKER
MISS BUDGE
MISS JEFFERYS
A. R. CURTIS
J. STANLEY LITTLE
H. W. HICKS
REV. P. D. LEAHY
E. LACK

STAFF :

Medical Officer of Health	...*§R. J. Maule Horne, M.A.(Hons.) M.B., Ch.B., B.Sc., D.P.H.
Deputy Medical Officer of Health	... *G. Chesney, M.D., Ch.B., B.A.O., D.P.H., Cert.T.M. & H.
Sanitary Inspectors and Inspectors under Diseases of Animals Act — Poole	...*§P. W. Wheeler, Cert. R.S.I., M.S.I.A.
Branksome	§C. A. Trim, Cert.R.S.I., M.S.I.A.
Longfleet	§J. Power, Cert. R.S.I., M.S.I.A.
Parkstone	§C. Glover, Cert. R.S.I.
Canford	...§R. Leggat, Cert. R.S.I.
Matron, Borough Isolation Hospitals	... Miss D. L. Doyle, S.R.N., R.F.N., S.C.M.
Superintendent Health Visitor and Supervisor of Midwives	...*Miss M. M. Kingsbury, S.R.N., S.C.M., A.R.S.I.
Health Visitors and School Nurses	...*Miss A. L. Hooper, S.C.M., A.R.S.I.
	*Miss L. B. Lever, S.R.N., S.C.M., R.F.N.
	*Miss E. M. Mansell, S.R.N., S.C.M., Cert. R.S.I.
	*Miss F. E. Morgan, S.R.N., S.C.M., R.F.N., Cert. R.S.I. (resigned 29/5/37)
	*Mrs. H. I. Partridge, S.C.M., Cert. R.S.I.
	*Miss I. Smurthwaite, S.R.N., S.C.M. appointed 3/8/37
	*Miss B. A. Sydenham, Cert. Nurse.
Municipal Midwives ...	...*Miss I. Bellringer, S.R.N., S.C.M.,
	*Mrs. D. Collings, S.R.N., S.C.M.
	*Miss E. Crompton, S.C.M.,
	*Miss M. E. James, S.R.N., S.C.M..
	*Miss V. Jones, S.R.N., S.C.M.
	*Miss G. H. Maynard, S.R.N., S.C.M.
	*Miss P. M. Reynolds, S.R.N., S.C.M.
	*Miss M. Watton, S.C.M.

Chief Clerk	...*F. B. Edwards.
Clerks	... Miss E. I. Tapper. *Miss K. D. Codd. *D. V. Prothero (resigned 31/7/37). R. W. Fairlamb. (resigned 23/8/37). M. H. Stockley (appointed 9/8/37) L. Leith. *A.F. Stuckey, (appointed 9/8/37) Miss P. E. A. Giles, (appointed 19/7/37)
Laboratory Assistant ...	...*D. W. Rogers, M.I.H.
Sanitary Inspectors' Assistants...	J. Blunden. E. H. J. Clarke. V. B. Jenkins. W. E. C. Wellman. E. G. Stevens.

CONSULTANT AND PART-TIME SPECIALISTS.

Obstetrical Consultant and Consultant under Puerperal Fever and Puerperal Pyrexia Regulations	S. Gordon Luker, M.A., M.D., B.Ch. (Cantab.), M.R.C.P. (Lond.), F.R.C.S. (Ed.). F.C.O.G.
Ophthalmic Surgeon ...	... T. R. Aynsley, M.B., D.O.M.S.,
Orthopaedic Surgeon ...	... N. Ross Smith, M.B., Ch.M.
Nose and Throat Surgeon	... C. Salkeld, B.A., (Lond.), M.B. B.S. (Durham).
Radiologist	... D. D. Malpas, M.R.C.S.,L.R.C.P.
Anaesthetist	... J. C. A. Norman, M.R.C.S., L.R.C.P.
Dental Surgeons ...	... L. B. Myers, L.D.S., M.B.E. R. G. S. Holmes, L.D.S.
Public Analysts	... C. G. Moor, M.A., F.I.C. R. Pendrill Charles, M.D., F.I.C.
Veterinary Surgeon ...	... J. S. Wood, M.R.C.V.S.

NOTE : * Contributions to Salary by Exchequer.
§ Contribution to Salary by County Council.

" For the State, as for the individual,
Health is the first postulate of Prosperity."

Ross.

PREFACE.

I have the honour to present my seventeenth annual report on the health of the Borough.

Important matters which are still receiving your attention are :—

A re-housing problem for some 750 *families.*
Further schemes of main drainage.
Extension of water mains to unpiped areas.
A central Refuse Destructor.
Town Planning, Road widening and the control of Ribbon development.
Isolation Hospital remodelling.
Adjustment of the requirements of the school population.
Protection of the child population against Diphtheria.
The Midwifery Services.
Defensive precautions against air attack.

As regards the year 1937 *itself,*

(1) *the population has risen by* 1,170, *continuing an average annual increase of* 1,200.
(2) *the crude death rate remains as in* 1936, *while that for England and Wales has risen.*
(3) *The infant death rate was* 45.6 *per* 1,000 *live births compared with* 62 *for the ' larger towns ' of the country.*
(4) *Loss of life from Tuberculosis has reached a new low record.*
(5) *The ' school population ' continues to increase.*
(6) *Incidence of infectious illness was low.*
(7) *The resulting ' balance sheet ' of health shows an increase on the credit side.*

I wish again to thank the Chairman and Members of the Committees, my colleagues in other Departments, and my entire staff, office, outdoor and hospital, for their continued co-operation and support.

R. I. MAULE HORNE,

Medical Officer of Health.

PART I.

PUBLIC HEALTH.

GENERAL STATISTICS.

(1) *Area of Borough.* 15,640 acres, not including 2,220 acres of tidal waters and foreshore.

(2) *Population,*	(*a*) As at Census, 1931 ...		57,211
	(*b*) As estimated by Registrar-General at 30th June, 1937		67,990
	(*c*) Estimated at 31/12/37 ...		68,570
(3) *Total number of Inhabited Houses* from Rate Books.			
As at December, 1934			16,929
1935			18,004
1936			18,722
1937			19,412
(4) *Rateable Value*			£593,721
Sum represented by Penny Rate			£2,320

PHYSICAL FEATURES.

These have been described in previous Reports, to which reference may be made, e.g., that for 1933, Part I, pp. 8-10.

METEOROLOGY.

The daily report of the Official Climatological Station appears in the Weather Reports of Health Resorts in the daily papers.

Sunshine in 1937—1,580 hours—exceeded that of 1936 by 86 hours. There was a total difference of 60 hours sunshine as between the east and west halves of the South Coast, Poole Bay representing the mean, with 30 hours more than Kent and 30 hours less than Cornwall.

Locally, August was the warmest and the sunniest month, with a daily average of 7.6 hours' sun. December was the least sunny, and the average for the whole year was 4.3 hours per day.

The summer and winter range of temperature was under 15°, the average maximum being 59.1°, and the average minimum 44.2°. In the European Alps this range is about 19°, and at Nice 18°. The English South Coast, in spite of the alleged fickleness of our insular climate, would appear to be more consistent than these.

Rainfall in 1937 was about 10 inches above the annual average, February being the wettest month. The " patchy " nature of the fall was more marked than usual. As a rule, the Parkstone Slopes " break " the rain, giving a reduction of about 2 inches on the plateau. 1937 was an exception, there being about 4 inches more on the higher ground than at the Official Station near Sea Level.

On 31st October an evening fall of tropical intensity occurred, when an inch and a third of rain fell in half an hour,

SOCIAL CONDITIONS AND UNEMPLOYMENT.

The chief occupations and industries have been previously referred to (Annual Report, 1933, Part I, pp. 10-11), as also the double—periodic and seasonal—waves of employment.

For recent years the condition of the labour market has been as shown below.

Year.	Average of Unemployment	Unemployment as at December	Relief as at December
1921-1925	694	784	1249
1926-1930	645	939	1345
1931-1935	1543	1748	1655
1936	1114	1325	1669
1937	1113	1449	1482

The relief figures represent 390 men, 696 women and 396 children.

PUBLIC PARKS AND PLEASURE GROUNDS.

Apart from the extensive and picturesque sands and seafront, the Borough is well supplied with open spaces, which act as " lungs " for the use of the general public. These grounds cover 272 acres. There are now available 10 football, 5 hockey, 1 rugby, 2 netball, and 8 cricket pitches, as well as 8 grass and 6 hard tennis courts, 4 bowling greens, 2 putting greens, and 7 children's open-air gymnasia.

Further mass recreational developments will be matters for consideration under the National Physical Movement. The Government have recently reminded Local authorities of the powers which they possess for aiding physical training and recreation as a municipal and national asset, and how it is proposed to encourage and support movements for their extension and much wider use. Quite appropriately it is considered that a national scheme operated direct by the State would not achieve its purpose if, as is probable, it failed, owing to its very uniformity, to attract the attendance of those for whom it was designed, and the proposed development is rather along the lines of active local public interest, to be fostered by expert advice and financial help.

The Government have accordingly decided that any local scheme should embrace the whole field of physical culture, and

should therefore include arrangements for increasing the supply not only of gymnasia but also of playing fields, swimming baths, and other means of healthy physical recreation, not for the few but for the many.

A Regional Committee for the counties of Hants, Dorset, and Wilts has been formed.

VITAL STATISTICS.

Quinquennial figures under several headings from 1885 onwards are given in Table A.

For the last five-yearly period details are enumerated for comparison below :—

Year	Infantile Mortality per 1,000 births.	Per 1,000 of Population.				
		Birth Rate.	Marriage Rate.	Crude Death. Rate.	Cancer Death Rate.	Pulmonary Tuberculosis Death Rate.
1932	55.2	15.8	15.1	11.70	1.58	0.65
1933	46.4	16.0	16.1	11.71	1.50	0.61
1934	44.1	15.4	16.2	11.48	1.96	0.50
1935	44.0	16.0	16.8	11.70	1.84	0.79
1936	51.2	16.9	16.9	12.10	1.89	0.55
Average	48.2	16.0	16.2	11.74	1.75	0.62
1937						
Poole ...	45.6	15.4	16.9	12.1	1.63	0.39
England & Wales ...	58.0	14.9		12.4		

For 1937, in detail, particulars are set out below :—

		Total	*Male*	*Female*	
Live Births	Legitimate	968	505	463	Birth Rate : 15.4
	Illegitimate	42	23	19	
Still Births	Legitimate	37	21	16	Rate per 1,000 total
	Illegitimate	2	2	0	births : 37.2
Deaths		824	395	429	Death Rate : General : 12.1 ; Corrected, 10.8
Percentage of Deaths occurring in Public Institutions					23.4 per cent.
Maternal Deaths :	(*a*) from sepsis ...				1
	(*b*) from other causes				3

Infantile Deaths, or deaths under 1 year, per 1,000 live births :
(a) Legitimate : 41 Rate : 40.6 Combined Rate 45.6
(b) Illegitimate : 5 Rate : 119.0
Neo-Natal Deaths, or deaths under 4 weeks : 28
Rate : 27.7
Deaths from Measles (all ages) ... 0
Deaths from Whooping Cough (all ages) 3
Deaths from Diarrhoea (under 2 years) 1

The following statistics are based on the Registrar-General's estimate of the population at mid-year, 1937, of 67,990 inhabitants.

The Birth Rate was 15.4 per 1,000 of the population. In 1936 it was 16.9. For England and Wales the figure is 14.9.

The Infantile Death Rate. This is discussed in detail in the Section dealing with Maternity and Child Welfare. The rate of deaths per 1,000 live births is for 1937, 45.6, the previous best being 43.2 in 1931. For England and Wales in 1937, the infant death rate was, in the Great Towns, including Poole, 62 ; in the smaller towns, 55, and for the whole country, 58.

Stillbirths totalled 39, 1 being illegitimate. This represents 38.1 stillbirths per 1,000 total births, and .56 per 1,000 of population the figure for the whole country being .60.

The Marriage Rate. For 1937 this was 16.9 per 1,000 of the population.

The Death Rate. The general death rate for the year was 12.1, the same as that for 1936. For the whole country the death rate was 12.4, which is .3 above the rate of 1936.

Of the total 824 deaths, 59.1 per cent. were over 65 years of age, and 36.4 per cent. over 75 years.

Until 1892, the highest age group required for official returns was " 60 years and over." In that year, 65 years became the base of the last group, and the percentage of total deaths in that group in Poole was 20.7.

Continuing the local comparison for pre-war and post-war years, the figures are instructive :—

Pre-War		Post-War		
Period.	Proportion of deaths over 65 yrs.	Period	Proportion of deaths over 65 yrs.	Proportion of deaths over 75 yrs.
1894—98	25.2	1921—25	44.9	—
1899—1903	32.1	1926—30	49.6	26.6
1904—08	33.1	1931—35	52.6	30.1
1909—13	34.0	1936	55.6	30.1
		1937	59.1	36.4

Briefly, 30 years ago one-third of the population of Poole lived to be 65, now one-third live to be 75.

The Cancer Death Rate. The total deaths from malignant disease in 1937 were 111, which gives a death rate of 1.63 per 1,000 inhabitants. In 1936, the figure was 1.89.

Deaths from Pulmonary Tuberculosis numbered 26. The resulting rate is .39 per 1,000 of the population.

WATER SUPPLIES.

The main features of the water supplies of the Borough have been fully described in previous Annual Reports (see Report for 1925, Part I, pp. 12-14).

During 1937, 4¼ miles of new distributing mains were laid, compared with 4¾ miles in 1936. Also one mile of 6-inch main has been laid at Sandbanks, replacing the old 4-inch main.

The consumption of water supplied by the Borough scheme, and not including that provided by the Bournemouth Gas and Water Company on the east and north fringes of the town, was 686,674,226 gallons, an increase of nearly 27½ million gallons on the previous year,

A constant and abundant supply has been maintained throughout. The Corporation supply was formerly examined, bacteriologically in the Municipal Laboratories monthly, that provided by the Bournemouth Gas and Water Company being investigated by its own analyst. The monthly reports up to November recorded in each case absence of B. coli in 100 c.c.

Since November, on the instructions of the Council, tests of both Corporation and Company water are made weekly in the laboratories, and a quarterly analysis, both chemical and bacteriological, will be made also by the Borough Analyst.

Seven laboratory tests taken in December were up to the standard found in November.

Special Unpiped Areas.—In the Report for 1936, there were described areas as follows:—

(1) *Ashington.*—31 dwelling houses and 9 dairy farms, and cowsheds.
(2) *Arrowsmith Road.*—33 dwelling houses.
(3) *Moortown.*—9 dwelling houses and 1 dairy farm.
(4) *Knighton.*—12 dwelling houses and 1 dairy farm.
(5) *West Howe.*—8 dwelling houses.
(6) *Mannings Heath.*—10 dwelling houses and 2 factories.

During the year, the first and last of these areas have had main extensions and been connected up.

Areas Nos. 2, 3 and 5 are being dealt with by way of loan sanction from the Ministry of Health.

No. 6 being in private ownership, negotiations are in progress for the necessary steps to be taken by the owner.

With regard to possible pollution of rivers and streams, a complete survey has been made by the District Sanitary Inspector of all ditches and streams in the semi-rural areas opening into the Stour on the landward side of the Borough, and the position as regards domestic drainage, the grazing of cattle, etc., investigated. The result has been that a very considerable improvement has been achieved generally, by voluntary arrangements with landowners. All cesspool overflows have been entirely cut off, and effluents from filter plants chlorinated.

A chemical analysis of the water from the two main supplies made at the end of the year, shows :—

Chemical Results in parts per 100,000.

COMPANY SUPPLY.

Turbidity	Clear and Bright.	
Colour	Normal.	Odour, None.
Reaction pH ...	Neutral 7.7	Free Carbonic Acid.—
Electric Conductivity at 20°C.	395	
Total Solids, 180°C.	26.5	
Chlorine in Chlorides ...	1.8	
Nitrogen in Nitrates ...	0.16	Nitrates Trace.
Hardness : Permanent ...	9.0	
Temporary ...	10.0	
Total ...	19.0	
Metals	Iron Absent	
Free Ammonia	.0088	
Albuminoid Ammonia ...	.0036	
Oxygen absorbed in 4 hrs. at 80°F.	.050	

Bacteriological Results.

No. of Bacteria per c.c.	
On Agar in 3 days at 20°C.	3
On Agar in 24 hours 37°C.	1
The Bacillus Coli	Absent in 100 c.c.
Bacillus Welchii	Absent in 100 c.c.
(B. Enteritidis Sporogenes)	

This sample is clear and bright, of normal colour and neutral in reaction. The water is hard in character, though not to excessive degree, contains no excess of salinity, no metals, and is of satisfactory organic quality.

In addition it is of a high degree of bacterial purity, and we regard it as pure and wholesome water, suitable for drinking and domestic purposes.

(*Signed*) E. V. Suckling,
for Drs. Beale and Suckling.

CORPORATION SUPPLY.

Free Ammonia	.0005
Albuminoid Ammonia ...	.0030
Oxygen absorbed at 37°C. in 4 hours	.0114
Nitrites	0.21nil.
Nitric Nitrogen in Nitrates ...	0.21
Hardness : Temporary ...	22.0
Permanent ...	3.0
Total	25.0
Chlorine	2.5
Total Solids, dried at 180°C. ...	32.8
Free Chlorine	nil.
Free Carbonic Acid	nil.
Metals (Lead, Copper, Zinc, Iron)	Trace of Iron
pH reaction	7.2
Appearance	Colourless and clear
Odour	none

Bacteriological Results.

No. of Bacteria per c.c.	
On Agar in 3 days at 22°C.	20
On Agar in 24 hours at 37°C.	39
The Bacillus Coli	Absent in 100 c.c.
Streptococci	Absent in 100 c.c.
B. Enteritidis Sporogenes	Absent in 100 c.c.

This is a clear bright water of neutral reaction, and free from any deposit on standing. It is hard in character, but is much softened on boiling.

The foregoing results show that the water is of a high degree of organic purity, both chemically and bacteriologically, and in my opinion it may be safely used for drinking and domestic purposes.

(*Signed* R. Pendrill Charles.

CESSPOOLS AND SEWERAGE.

Thirty-one years ago, in 1906, there were 825 cesspools on the Corporation books. By 1914, these had been reduced to 200. The rapid development of the town in post-war years—especially in unsewered areas—is reflected in the numbers of cesspools dealt with in the subsequent years, viz. :—

1920	...	...	302	1929	...	...	699
1921	...	...	312	1930	...	...	662
1922	...	...	379	1931	...	...	624
1923	...	...	411	1932	...	...	455
1924	...	...	434	1933	...	...	491
1925	...	...	419	1934	...	...	595
1926	...	...	490	1935	...	...	736
1927	...	...	610	1936	...	...	833
1928	...	...	781	1937	...	...	826

It will be seen from the above that the position to-day is as it was thirty years ago, in spite of several extensive schemes. The figure stands at 826 at the end of the year, although 160 cesspools had been connected up in the course of 1937, and a further 61 remained unconnected where the sewer is available. Cesspools in urban areas are an undesirable anachronism, yet in spite of the most recent Public Health Acts—to which progressive local authorities were looking forward for the inclusion of compulsory power to ensure connection to the main sewer when provided—Parliament has been content to leave the local authority impotent. If a cesspool—a relic of the development of town life a hundred years ago—can be made fit for its purpose by any reasonable repairs or attention, the local authority cannot properly require the owner to connect up except by charging the rates with the cost.

With regard to sewering schemes referred to in the Annual Report for 1936, the position at the end of 1937 was as follows :—

Creekmoor. This scheme has now been submitted to the Ministry of Health for loan sanction, and there is hope of its completion during the coming year.

Bear Wood. The scheme dealing with Bear Wood, Merley, and Canford Magna Village is held up for the time being ; meanwhile, the Council have under consideration a supplementary scheme for dealing with Merly and Canford Magna Village, utilising the existing sewage works belonging to Canford School (by arrangements with the proprietors) for sewage disposal. Should this scheme be carried out, it will be necessary to construct a new pumping station, and to enlarge the existing sewage disposal works.

Waterloo and Foxholes. Position remains the same as last year.

Wallisdown. This scheme is progressing satisfactorily, and should be completed by the spring of 1938. Meanwhile, further sewers dependent on this scheme are being laid under the Private Street Works Act.

Hamworthy. This scheme will be completed at an early date, when connections to the houses will be proceeded with as quickly as possible.

Blandford Road. This scheme is still under consideration, and it is hoped progress will be so advanced as to enable the scheme to be put into operation during the coming year.

CLEANSING AND SCAVENGING.

The main services are carried out by the Borough Surveyor's Department, acting under the direction of the Public Health Committee.

I am indebted to the Borough Surveyor for the following summarised figures applicable to the year ending 31st March, 1937.

HOUSE REFUSE.

	Collection.						Disposal.					
	1936-7			1935-6			1936-7			1935-6		
	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Net Cost	9897	0	0	9430	0	0	2060	0	0	1706	0	0
Net Cost per ton ...		9	11¾		9	11½		2	1		1	9½
Net Cost per 1,000 Population	148	2	3	143	15	0	30	16	7	26	0	1½
Net Cost per 1,000 Houses	494	11	0¾	488	12	6	102	18	9	88	8	0
Cwts. per 1,000 population per day ...	16.25			15.82								

Under powers given by section 75 (3) of the Public Health Act, 1936, the Council are considering the question of providing and maintaining a standard dustbin for general use, controlling the service by an annual charge.

STREET CLEANING AND GULLEY CLEANSING.

	1936-7	1935-6
Total mileage of roads cleansed ...	116.06	114.70
Net Cost per 10,000 yards cleansed ...	6/3¾	9/11
Net Cost per 1,000 population ...	£98/13/4	£113/13/2
Total number of gullies cleansed (number of gullies × number of times cleansed)	22,914	21,650
Net Cost per 1,000 gullies cleansed ...	£26/10/8	£29/6/7
Net Cost per 1,000 population ...	£9/2/0	£9/13/7

The collection of trade refuse is governed by the following charges :—

FISHMONGERS AND BUTCHERS.

(a) Ordinary Collection charge 15/- per annum.

OTHER TRADES.

(b) Ordinary Collection charge 7/6 ,,
(c) ¼ cart load per week ,, £2 10s. ,,
(d) ½ ,, ,, ,, £5 ,,
(e) 1 ,, ,, ,, £10 ,,

Limewashing is of valuable assistance in maintaining the cleanliness of courts, enclosed backyards and alleys. It is not only of value in itself, but has a stimulating effect on the surrounding householders, who respond extremely well. The result is that the general condition of these places is distinctly complimentary to the people and to the Town. The work is carried out by the Public Health Department twice yearly.

Opportunity is also taken during the school vacations to disinfect all the Elementary Schools of the Borough.

POPULATION AND HOUSING.

In the table below, the rateable value of £22 is taken as representing a rental of 13/- weekly, which with rates of 4/6 means a maximum inclusive rental of about 17/6. This may be accepted as the rent which a working-class family might be expected to pay for a modern house, under present conditions, if no assistance from the Exchequer or from local rates were available.

Housing Table as at December, 1937.

	Over £22 R.V.		Under £22 R.V.		Total		Popul-ation.	Persons per occupied House.
	Occ'd	Void	Occupied	Void.	Occupied	Void.		
1932	4091	214	10928	225	15019	439	59000	3.93
1933	4134	193	12091	249	16225	442	64000	3.94
1934	4413	203	12516	155	16929	358	65000	3.84
1935	4692	283	13312	232	18004	515	66000	3.67
1936	4744	250	13978	213	18722	463	67000	3.58
1937	4943	273	14469	262	19412	535	68000	3.50

These figures, provided by the Rating Department, show that since the last Report there was an addition on the books of that department of 222 houses at a rateable value over £22, with an increase of 540 houses under that figure.

There were 535 empty houses—an increase of 72—and a further 313 under construction at the end of the year (22 being part of a municipal scheme), while the number of new houses built in each of the last five years has been

1933	...	...	679
1934	...	...	919
1935	...	...	889
1936	...	...	734
1937	...	...	766

The "natural increase" of the community in Poole—that is, the excess of births over deaths—is only 210 yearly, so that the continued demand for new houses appears to indicate a considerable annual inflow of new population.

Overcrowding. Under the terms of the Housing Act, 1935, a survey of housing for the purpose of ascertaining the degree of overcrowding in the Borough was concluded in April, 1936. In this enumeration and survey, 14,639 dwellings were inspected, and 137 crowded dwellings were ascertained. Twenty-three instances of overcrowding were found capable of rectification by internal adjustment, leaving 114 statutorily overcrowded.

At the end of 1937, 20 privately-owned properties remained overcrowded, and 43 Corporation houses, 33 cases of crowding having been corrected during the year.

Re-housing.—Under the Housing Act of 1930, a five-year scheme of re-housing covered

(*a*) 3 Clearance Areas, comprising 66 houses ;

(*b*) 1 Improvement Area, covering 235 houses, of which 163 were for demolition ;

(*c*) 57 individual unfit houses.

The occupiers of the three Clearance Areas and of the 57 individual houses were re-housed in 1935.

Proposals for dealing with the Improvement Area were submitted to the Ministry in June, 1934, but in view of the re-modelled legislation of the Act of 1935, these were revised with a view to submission as a Re-development Area.

The Ministry had confirmed, in October, 1936, 5 small Clearance Orders and 3 Compulsory Purchase Orders made by the Council in May, 1936.

The 5 Clearance Orders covered 14 houses, and the 3 Compulsory Purchase Orders included 36 houses. These small areas form the "fringe" of the original Improvement Area of which 109 houses still remain to be dealt with. In the final scheme now under preparation, a further 623 houses have been scheduled, giving a total of 732 houses, with a population of 2,521 persons to be rehoused.

HOUSES LET-IN-LODGINGS.

Houses Let-in-Lodgings. Prior to the current high rate of room rentals, which has rendered the Byelaws with respect to these houses inoperative, there were 8 on the Register. 55 visits were paid.

Common Lodging Houses number 3, two in St. James area and one at Branksome. These can accommodate 76 men and are situate

24 West Street, Poole	...	35 beds
3 Strand Street, Poole	...	25 beds
23 Alcester Road, Parkstone		16 beds

They were visited 80 times.

SHOPS ACT, 1934.

This act came into force on 30th December, 1934. As in this Borough the Shops Authority and Sanitary Authority are the same body, it has been agreed that all the supervisory duties relating to the health and comfort of shop workers enumerated in Section 10 of the Act shall be carried out by the Public Health Department.

These include the provision and maintenance by the occupier of suitable and sufficient ventilation, heating, sanitary conveniences and lighting, and facilities for washing and meals.

Pressure of other responsibilities amongst the existing Sanitary Inspector Staff has militated against the carrying out of the systematic survey, record, and subsequent continuing inspection duties necessary, but where instances calling for improvement have been met, they have been dealt with.

PUBLIC BATH, BATHING AND SWIMMING FACILITIES.

Sea Water. The exceptional facilities for natural sea-bathing provided at Sandbanks are enhanced by one of the finest Bathing Pavilions in the country.

The Seldown sea water swimming enclosure adjacent to the Poole Park affords another useful public recreational centre, and is a valuable addition to the attractive open-air undertakings of the Town.

There is also a free open-air tidal swimming enclosure on the foreshore of the Harbour at Baiter, of which full advantage is taken in the summer months.

There is one privately-owned Swimming Pool open to the public, at the Blue Lagoon, Sandbanks Road. The sea-water used in this pool is filtered and chlorinated, and is maintained at a high standard of purity.

Fresh Water Baths. These are situated in rather limited space, close to the Guildhall, and consist of five cubicles, with lavatory accommodation. Special facilities are provided for Elementary School Children, on two days weekly, at a nominal charge of one penny.

In 1924, a total of 5,387 adults and 1,680 children used these Slipper Baths. In 1936, these dropped to 3,221 and 605 respectively, and in 1937 still further to 2,913 and 481. This decreasing use may be influenced by the number of houses with bath accommodation which have been built during the same period.

RAT CONTROL.

Poole being a Port, both the rarer Black Rat and the commoner open-air Brown Rat are liable to be found in the Borough. The obligation to deal effectively with rats falls, under the Rats and Mice (Destruction) Order, 1919, upon the owner or occupier of premises infested with them. To assist in the clearing of premises harbouring these rodents, a charge of 3/6 is made. It is the custom to revisit the premises and grounds the day after baits are laid, to collect unused baits, and every precaution is taken to prevent domestic animals from gaining access to the material used. A leaflet of advice and warning is also delivered at each place dealt with.

Baiting, trapping, smoking-out, carbon-monoxide gassing, have been used as considered most appropriate. 104 visits were paid to Corporation places, and 279 to private properties, and 179 rats were obtained dead or trapped, and it is known that others must have succumbed to gas.

The aviary at Poole Park still remains an attraction to rodents, 60 being caught in its vicinity.

Any figures dealing with rat control are bound to be hypothetical, as the actual dead rats openly discovered are not accurate indication of the number that have fallen victim.

The Ministry's Rat Week posters were exhibited throughout the Borough, large posters on hoardings, and smaller posters displayed in selected shop-premises. The Ministry's bulletin and pamphlets are kept on free distribution all the year round.

MOSQUITOES, WASPS, ETC.

The system of spraying the fresh water lakes, ponds and watercourses with paraffin for the destruction of mosquitoes and their larvae was continued.

Between April and September, the hottest period of the year, periodical visits were made to infested places requiring attention.

324 gallons of paraffin (with 2% castor oil) were used, in 120 visits.

This is an effective and economical procedure. Some proprietary emulsions tried out have proved likely to be too expensive for extended use.

SMOKE ABATEMENT.

In a Borough such as Poole, with its possibilities as a recuperative resort, each householder should recognise that his own personal effort in the matter is essential to progress. Excess of smoke

distributed in the air of a town means liability to fog. Fog is commonly due to the particles of soot and other suspended matter collecting a coat of moisture and settling in a dense mass, irritable to a healthy chest, and seriously undermining the weak.

During the year 193 observations were made. 49 breaches were noted. A caution was required against 7 users, and in others improvement was effected by advice and co-operation.

DISEASES OF ANIMALS.

" Infected area " precautions on account of foot-and-mouth disease were in force during December, during this period 191 licences were issued.

The total number of pig-keepers is 174. To these, 123 visits have been paid by way of precautionary measures. Fourteen suspected cases of swine fever and one of anthrax were investigated and reported to the Ministry of Agriculture, but none were confirmed.

FOOD.

In addition to the ordinary inspection of foodstuffs and meat, certain important Regulations lay down lines of action which the Inspectors of the Department follow in safeguarding the public in the matter of the maintenance of Dairies, Cowsheds and Milk-shops, the Sale of Milk and Cream, the Sale of Food and Drugs, the control of Slaughterhouses, etc.

80 formal samples of Milk were taken for analysis. One of these was found to be adulterated.

178 other varied samples were reported as genuine.

Opportunity was taken in the Laboratory to examine for extraneous solid matter—otherwise " dirt "—some of the samples of milk submitted for report.

The 7 samples examined were classified as follows :—

Extraneous matter in parts per 100,000		
Clean (0—10)	Satisfactory (10—20)	Dirty (over 20)
7	0	0

There are no underground Bakehouses in the Borough.

All butchers' shops comply with the Regulations requiring provision of suitable window - shutter facilities.

Table G enumerates the samples taken by the Inspectors under these Acts, and subjected to analysis as to genuineness or presence of preservative.

The report of the Borough Analyst on his work for the year is appended.

During the year ending 31st December, 1937, 258 samples were submitted under the Sale of Food and Drugs (Adulteration) Act, 1928. Details of these samples are as follows :—

Of these, 239 were Formal samples and 19 were Informal samples. Two of the Formal Samples were adulterated, representing a percentage adulteration of 0 82, which shows a big decline when compared with the figures of 4.12 per cent given in my last annual report.

Of the milk submitted 80 were formal and one informal. Two of the formal samples were adulterated being deficient in fat to the extent of 13 and 13 per cent respectively.

The informal sample was taken as an "appeal to cow" sample and was found to be genuine.

The average analysis of the 78 genuine formal milks was 3.62 per cent Fat and 8.85 per cent Non-fatty solids which is very satisfactory.

All the samples of Butter were genuine and of good quality. They did not contain more than the allowed percentage of water and were free from the addition of margarine and preservatives.

All the samples of Lard were genuine and of good quality. They were free from water and did not contain any foreign fats.

All the samples of Tea were genuine. They all yielded a good percentage of extract and were free from the addition of exhausted and foreign leaves.

All the samples of self-raising Flour were genuine and contained a sufficient proportion of self-raising ingredients.

The eight samples of Ice Cream were genuine. Four had been manufactured from the usual ingredients and showed a good percentage of cream, but four were low in fat containing 2.53, 1.01, 0.95 and 0.95 per cent of fat respectively. All these samples contained starch, which is not usually found in ice cream mixture, but having regard to the lack of a definite standard these samples were considered of poor quality and not adulterated.

The eight samples of margarine were genuine and of good quality. They did not contain any excess of water or butter and were free from preservatives.

The six samples of Cocoa were genuine and of good quality. They were all free from excess of Shell and added Alkali.

The five samples of Coffee were genuine and of good quality and were entirely free from the addition of chicory or other adulterant.

The five samples of tinned peas were genuine. They were free from the addition of copper or any harmful colouring matter.

All the samples of pepper were genuine and of good quality and did not contain any excess of Shell.

All the other formal samples were genuine and of good quality.

All the informal samples were genuine.

(*Sigend*) R. PENDRILL CHARLES, M.D., F.I.C.

FOOD POISONING.

Investigation was made in the case of a baby eight months old, who died after being allowed to share in a meal, including fried cod steak. The mother and two older children, who also

partook, were not affected. On post mortem examination, an intussusception was found, which may have been attributable to the inappropriate diet, but there was no evidence to implicate the fish as a food.

The Borough did not altogether escape an outbreak of Sonnë dysentery which showed generalised incidence over the country in the later months of the year. Notifications, however, were limited to two up to the end of the year.

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

The number of dealers in milk operating in the Borough is as under :—

Description.	As at 1936	Registered in 1937	Rmvd. from register	Total
Retail Purveyors	91	3	3	91
Purveyors of Bottled Milk only	149	28	8	169
Wholesalers and Producers ...	31	1	—	32
Licences under Special Designations :—				
To sell Accredited Milk ...				
Tuberculin Tested Milk ...	6	—	—	5
Pasteurised	12	5	—	17
Accredited Milk (Supplementary)	1	—	—	1
Pasteuriser's Licence ...	1	1	—	2

LIST OF ADOPTIVE ACTS, LOCAL ACTS, ETC.

Adoptive Acts.

The Infectious Diseases (Prevention) Act, 1890.
The Public Health Acts (Amendment) Act, 1890.
The Public Libraries Acts, 1892 to 1901.
The Baths and Wash-houses Acts, 1846-1899.
The Private Street Works Act, 1892.
The Notification of Births Act, 1907.
The Public Health Acts (Amendment) Act, 1907 :
Part II. Sections 15-23, 25-27, 29-33.
Part III. Sections 34-50.
Parts IV-VI.
Part VII. Section 81.
Part VIII.
Part X.

Public Health Act, 1925 : Parts II-V.

Local Acts.

Poole (Extension Order, 1905.
Confirmed by the Local Government Boards' Provisional Orders Confirmation (No. 12) Act, 1905.
The Poole Corporation Water Act, 1906.
The Poole Corporation Act, 1919.
The Poole Corporation Act, 1928.
The Poole Corporation Act, 1937.

Bye-Laws.

Date of Approval.	*Subject.*
29th October, 1890.	Pleasure Boats and Vessels.
20th December, 1895.	Whirligigs and Swings.
20th December, 1895.	Sanitary Conveniences.
28th April, 1896.	Telegraph and other Wires.
1st May, 1896.	Common Lodging Housing.
4th May, 1896.	Slaughterhouses.
24th December, 1896.	Nuisances.
4th August, 1905.	Section 74 of Education Act, as amended.
11th January, 1907.	Cemeteries, Management of
13th November, 1907.	Good Rule and Government.
8th June, 1909.	Shop Hours Act, 1904 (Closing Order).
6th July, 1911.	Houses Let in Lodgings.
14th August, 1911.	Public Bathing.
1st November, 1911.	Water, Preventing Waste, etc.
19th November, 1914.	Locomotives.
21st January, 1915.	Street Trading.
5th June, 1917.	Sale of Coal.
6th March, 1925.	Omnibuses.
18th May, 1925.	Nuisances.
14th April, 1926.	New Streets and Buildings.
16th August, 1927.	Hackney Carriages.
16th August, 1927.	Omnibuses.
7th October, 1927.	Slaughterhouses.
6th March, 1934.	Tents, Vans, Sheds, etc.
4th February, 1935.	Good Rule and Government and Nuisances.
3rd May, 1935.	Employment of Children, and Street Trading by Young Persons.
1st July, 1936.	Pleasure Grounds.
16th December, 1936	Cemeteries, Management of
2nd February, 1937	Cemeteries, Management of

Regulations.

Cemeteries.
Dogs Order, 1906.
Dairies, Cowsheds and Milkshops, 1908.
Drains of Buildings with Sewers, Connection of.
Fire Brigade.
Parks, Persons Using.
Bowls, Game of.
Tennis, Game of.
Education Committee, Constitution of.
Grammar School, Government of.
School of Art, Government of.
School Managers, Guidance of.
Parking of Cars, 1933.
Nursing Homes, 1933.
Poole Sheep (Double Dipping) 1933.

POOLE CORPORATION ACT, 1937.

By this Act, which came into force during the year, it had been hoped that three matters of importance in the field of public health would be legislated for—the hygienic wrapping of bread, the compulsory pasteurisation of milk, and the better control of the manufacture of ice as well as of ice cream.

The first of these was deleted at a public meeting in the early days of the Bill, the bakery industry leading the opposition.

The fight for legislative powers to control the sale of milk and cream by the requirement of prior pasteurisation went on to the House of Lords, where, on an undertaking given by the Government to take the subject up as a matter for central rather than local legislation, the clause was withdrawn. In a White Paper issued subsequently the following appears :—

> " . . . . . the Government propose that, subject to " certain conditions, any Local Authority shall be enabled " to apply to the Ministry of Health, or the Secretary of State " for Scotland, for an Order making compulsory the efficient " pasteurisation of milk sold by retail in its area. These " conditions are that no such Order shall come into operation " within two years after it is made, that milk from tuberculin- " tested herds and Sterilised Milk shall be exempt from its " scope and that milk retailed from dairies where the milk is " derived from a single herd shall be exempt for three years " from the date of operation of the Order."

The clause, originally introduced with a view to controlling the water supply used in the manufacture of ice—on which there were no public health regulations available—was extended so as to read :—

" No premises within the Borough shall be used for any " of the following purposes (that is to say) :—
" (*a*) the sale or the manufacture for the purposes of sale of " ice or of any commodity consisting of ice cream or any " substance similar thereto or the storage of any such " commodity intended for sale ; or
" (*b*) the preparation or manufacture of sausages or potted, " pressed, pickled or preserved meat, fish, or other food " intended for sale ;
" unless the premises are registered under this Section for " that purpose by the Corporation."

There are reservations for theatres, music-halls, cinemas, clubs, hotels, or restaurants.

LOCAL GOVERNMENT SUPERANNUATION ACT, 1922.

Medical examinations were carried out and reports made on fitness in the case of 27 candidates for designated posts in the Corporation service. 25 passed the test satisfactorily, 1 was passed subject to a slight qualification, and 1 was rejected.

Of 6 previously examined and referred for re-examination, 5 were passed and 1 was rejected.

INFECTIOUS DISEASES.

Control of Infectious Diseases.

The Borough Public Health Laboratory examines free of charge all pathological and bacteriological specimens submitted by medical practitioners, Health Visitors, School Nurses or Hospitals, the report being telephoned where urgency is of importance. Particulars of work done in this sphere will be found in the portion of the Report dealing with the Laboratory. As the Medical Officer of Health is also School Medical Officer, Medical Officer under the Maternity and Child Welfare Scheme, Port Medical Officer, Superintendent of the Fever Hospital, Director of the Laboratory, and Honorary Pathologist to the Cornelia Hospital, he is thus enabled to keep himself in intimate personal touch with illness, which it would be impossible to maintain in a town of larger population.

Absentee Reports from the School Staffs are checked and followed up by the School Nurses and School Attendance Officers ; and systematic swabbing of sore throats and discharging nostrils, both at home and in the School Clinics, is a valuable aid to checking a school outbreak, as often an unsuspected case is thus disclosed and spread prevented.

Diphtheria cases, after two weeks at home, on discharge from Hospital, and before returning to school or business, are requested to report to the Health Department, and two consecutive negative Laboratory reports are obtained before release from observation.

By this means the number of undetected persistent convalescent carriers is reduced to a minimum. The futility of reliance on the result of only one swabbing is clearly recognised.

During the year 1,066 swabs were taken by the Public Health Staff in connection with diphtheria cases, carriers and suspects, and in "following up" convalescent cases after discharge from hospital.

Diphtheria antitoxin is available free to medical practitioners on application to the Public Health Office, on certificate of emergency.

The Health Visitors, by the operation of the Notification of Births Act, are able to track out such infantile conditions as Ophthalmia, Pemphigus and Erysipelas.

For the cleansing and disinfection, and disinfestation of verminous persons and their belongings, Alderney Hospital is equipped with baths and steam disinfector.

The disinfection of premises, after infectious illness, is carried out by the Department's employees under the supervision of the Sanitary Inspectors.

Control of Diphtheria by Immunisation.

As this is an aspect of Preventive Medicine proper, reference is made to it here. A fuller exposition, as it affects primarily the School Medical Service, will be found in that section of this Annual Report.

Propaganda is maintained by taking advantage of every opportunity of coming into contact with parents at School Medical Inspections, Minor Ailment Clinics, Dental Clinics, Child Welfare Centres, Health Talks, etc.

Advisory slips are enclosed on all occasions for correspondence in any of the above connections.

The Immunisation Clinic was started in October, 1929, in the midst of a virulent wave of diphtheria which could almost be called from its wide distribution a pandemic. In Poole the wave cost 26 young lives before it spent itself in the Spring of 1931.

The table opposite gives in detail the progress of the campaign up to the end of 1937. It will be observed that the number of children protected before school years has gone up in the last four years as follows :—

1934	...	...	99
1935	...	...	168
1936	...	...	271
1937	...	...	305

This is a very welcome feature, and it is also worthy of note that the greatest relative increase is in children under two years. It is earnestly hoped that the parents of young children will take advantage of this service in still greater numbers.

PROTECTION AGAINST DIPHTHERIA. TOTALS DEALT WITH SINCE INCEPTION OF SCHEME.

Year	Under 1 yr.	1—2 yrs.	2—3 yrs.	3—4 yrs.	4—5 yrs.	5—6 yrs.	6—7 yrs.	7—8 yrs.	8—9 yrs.	9—10 yrs.	10—11 yrs.	11—12 yrs.	12—13 yrs.	13—14 yrs.	14 & over	Total	Primary Schick negative	Total dealt with
1929	—	5	9	17	8	14	13	13	9	21	13	8	9	6	3	148	11	159
1930	3	17	28	22	36	60	58	99	101	113	83	57	54	56	23	810	48	858
1931	3	11	14	16	32	19	25	27	21	27	31	31	18	9	8	292	27	319
1932	—	11	13	12	19	21	18	18	11	13	20	13	11	3	7	190	18	208
1933	—	15	19	24	22	30	29	19	12	22	25	24	12	3	3	259	40	299
1934	—	35	15	16	33	48	27	35	32	29	18	23	15	17	6	349	47	396
1935	1	50	33	44	40	55	59	40	37	35	23	25	13	9	4	468	26	494
1936	14	76	56	57	68	101	82	105	95	66	65	53	43	25	12	918	47	965
1937	4	116	71	63	51	99	64	59	67	54	39	41	27	15	5	775	51	826
Total	25	336	258	271	309	447	375	415	385	380	317	275	202	143	71	4209	315	4524

Amongst the unprotected there have been, during the year, 14 cases and carriers, with 2 deaths, as against 29 and 4 respectively in 1936.

Hospitals.

Baiter Hospital, on the Baiter Peninsula in Poole Harbour, is kept reserved for Smallpox cases. It has 20 beds (official capacity, 10) with an experienced Nurse as Resident Caretaker. It was not opened during the year.

Alderney Hospital is situated in a very healthy position 200 feet high, near the landward boundary of the Borough, on gravel soil. Its official capacity is 44 beds without including temporary wards erected in 1936, and it consists of 6 blocks with administrative buildings, disinfecting station, and two motor ambulances.

Particulars of the actual condition, age, etc., of the constituent ward blocks were included in the Report for 1932.

The Scheme for hospitalisation of infectious diseases in East Dorset drawn up by the County Council under the Local Government Act, 1929, and approved by the Ministry of Health in 1932, allocates a minimum of 74 beds for the 100,000 population of the area.

Negotiations were still being continued during 1937, and it is possible that the minimum number may be increased to 80 to include Blandford Forum and Blandford Rural District.

Training of Nurses and State Registration. During the year 4 probationer nurses entered for and 3 passed the First State Examination for the qualification R.F.N., and were transferred for their final year's training to the Cardiff Hospital for Infectious Diseases in accordance with the Affiliated Scheme of Training in force.

Admissions. During the year 146 cases were admitted, compared with 360 in 1936. Of these 94 were Borough cases, 9 from Wimborne Minster, 7 from Wimborne and Cranborne Rural District, 2 from Wareham Borough, 15 from Wareham and Purbeck Rural District, 4 from Swanage, 12 from Christchurch Borough and and 4 from military stations in the County.

There were 9 deaths, 7 belonging to the Borough.

Table H gives further particulars of the admissions, and Table I summarises the notified infections by age incidence.

The causes of death were, severe faucial diphtheria 2, cerebrospinal meningitis 2, and puerperal sepsis, erysipelas, whooping cough and pneumonia, typhoid fever, and encephalitis, 1 each.

Disinfection. The steam disinfector is of the jacket type, working up to 40 lbs. pressure per square inch, manufactured by Manlove, Alliott & Co., Nottingham.

Regional Hospitalisation. The advantages of greater efficiency and economy resulting from grouped effort in many directions in preventive medicine can be nowhere more obvious than in the matter of hospitals for infectious disease. Realising this, the Council has for the past six years been endeavouring to co-operate with the adjacent County Borough of Bournemouth with a view to establishing one such Hospital for the area of South-East Dorset and South-West Hampshire.

They have been stimulated to this by consideration of Section 63 of the Local Government Act, 1929, under which a small " regionalising " project has been already effected for East Dorset. This, however, does not make provision for a Hospital large enough to allow of the complete training of nurses for State Registration, or to be sufficiently " elastic " to cope with a severe outbreak.

They have been further stimulated by the words of the Minister of Health in his Eighteenth Annual Report (1936-7) :—

> " The primary object in formulating these schemes has " been to provide for central hospitals of a size which will " constitute efficient and economical self-contained units " serving reasonably large areas, and one of the ways in which " this has been secured has been by including in the schemes " a requirement that the Local Authorities shall combine for " the provision of hospital accommodation. For this purpose " Joint Hospital Districts may be constituted under the Public " Health Acts,"

and by the Final Report of the Departmental Committee on the Cost of Hospitals, in which the Committee recommend joint action by several Local Authorities to provide one large isolation hospital rather than a number of smaller and less efficient hospitals, and that to allow adequate classification of patients the hospital should be built in a number of small one-storey pavilions, with a "cubicle" block for cases of double infection and of doubtful diagnosis.

It would almost seem as if the Public Health Act, 1936, had been framed in order to facilitate the development of such a scheme as Poole has advanced—except that in the case of East Dorset the County Council should more properly take the initiative—because in sub-section (2) of Section 185 of that Act, the following words are used :—

> " Upon the completion of the survey, the county council " shall prepare, in consultation with the councils of all country " districts in the county, and, if they deem it desirable, *with* " *the council of any county borough adjoining the county*, and " submit to the Minister for his approval, a scheme for the " provision of adequate hospital accommodation for the " treatment of persons suffering from infectious disease within " the county,"

and in sub-section 7 of the same section, it is expressly stated that " the expression ' infectious disease ' does not include tuberculosis or venereal disease."

The plans which have already been before the Ministry on the Poole Scheme follow the above recommendations, and the local position is, generally, that there is ample ground available (16 acres, which can, if necessary, be increased to 20 acres) for the extension of the project to meet the needs of the whole district.

At present the Hospital caters for South-East Dorset and the immediate part of South-West Hampshire including Christchurch as far east as Highcliffe, Bournemouth in the centre having its own hospital for the County Borough itself. This latter hospital, however, is recognised as not meeting its local requirements, and Bournemouth is endeavouring to find a site for a new scheme.

The point which caused the original negotiations for a unified scheme on the Alderney Hospital site to fall into abeyance was that Poole did not consider it advisable to embody a ward or wards for Tuberculosis in the Scheme, as it was felt that tuberculosis should be treated in a self-contained manner on the Sanatorium-Hospital unit principle advocated by the Chief Medical Officer of the Ministry. Bournemouth and Dorset County Council having now united in a scheme for treatment of tuberculosis, Poole has felt that the avenue is again clear to reconsider a Joint Hospital for Fevers.

Many arguments as to practical nursing efficiency might be adduced in favour of the joint action, but so far as the lay public is concerned, the financial factor is of radical importance. This can be summed up briefly by stating that :—

(*a*) Two separate Hospitals for the areas described above would be neither as efficient nor as economical to run as one for the whole district ;

(*b*) An efficient Joint Hospital, considering the local position as it is to-day, could be brought into operation, at a probable saving on principal outlay of £30,000 to the ratepayers of Bournemouth, and of £10,000 to those of Poole, as compared with two separate units.

It is hoped that no effort will be spared to find a way out of what would seem to imply unnecessarily heavy expenditure.

PUBLIC MEDICAL AND NURSING SERVICES.

A County Public Medical Service was inaugurated in April 1937, the service including the Borough of Poole. Justification for the step is expressed in the records of the first Annual Meeting of the Service, by the Statement :—" The State took an interest in public health from the point of view of preventing epidemics, but individual health was a matter for individual concern. Now there

had been what may be described as a re-orientation in the point of view. The State felt that the health of the individual was a matter for the State and said that they could not afford to let people neglect their health. They must make it possible for everyone to see their doctor without feeling that it was too great a burden on the income, and the only way to do it was by the existence of these services."

The reference to a burden on the income gains point when it is realised that if it is to be efficient this is only one service in a chain of services, embracing Friendly Society, Health Insurance, nursing in the home, and Hospital Services, both for contributor and for dependents, each making its weekly inroad, 6d., 10d., 1d., or 3d., as the case may be, on an income which may make its best endeavour to use all these services, but fails after a time to maintain its payments and so "falls out of benefit."

In November, 1937, there were 14,000 subscribers to the Medical Service, with 96 doctors.

As to Nursing Services, with the introduction of the Midwives' Act of 1936, the four District Nursing Associations in the Borough were merged into one, receiving a grant from the Corporation on condition that the new Borough of Poole District Nursing Association covered the whole borough in its nursing activities.

TUBERCULOSIS.

The Dorset County Council is the Local Authority for the prevention and treatment of Tuberculosis.

Particulars are given below of the position as regards the incidence of the disease for recent years.

Year	First Notifications		Formerly notified new residents.		Deaths.	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1925	59	18	12	1	33	6
1926	50	10	13	—	46	5
1927	54	8	16	—	36	6
1928	45	11	6	1	32	9
1929	62	11	4	—	30	5
1930	61	14	3	1	48	6
1931	55	28	8	—	48	12
1932	49	9	9	—	38	7
1933	59	20	15	—	39	12
1934	43	16	9	5	32	6
1935	47	14	12	—	52	3
1936	46	20	—	1	38	9
1937	37	8	4	—	26	7

For the year under review, the details are as follows :—

Age Period	New Cases.				Deaths.			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 –	—	—	—	—	—	—	—	1
1 –	—	—	—	1	—	—	2	—
5 –	1	—	2	1	—	1	1	—
15 –	3	6	1	2	2	3	—	—
25 –	3	5	1	—	—	1	1	1
35 –	4	4	—	—	5	1	—	—
45 –	2	1	—	—	4	1	1	—
55 –	4	2	—	—	2	4	—	—
65 & upwards	1	1	—	—	1	1	—	—
Totals	18	19	4	4	14	12	5	2

Of the deaths from the respiratory form :—

11 had been notified during 1937
1 ,, ,, ,, ,, 1936
2 ,, ,, ,, ,, 1935
2 ,, ,, ,, ,, 1934
2 ,, ,, ,, ,, 1933
2 ,, ,, ,, ,, 1932
1 ,, ,, ,, ,, 1930
1 ,, ,, ,, ,, 1929
1 ,, ,, ,, ,, 1922
1 ,, ,, ,, ,, 1921
2 ,, ,, ,, ,, year uncertain.

It will be seen above that the majority of both new cases and deaths in pulmonary tuberculosis occur under the age of 45, the greatest toll being taken between 25 and 45—years which should be the "prime of life." Can we say that, since the abnormal years of war, the years of life granted to tuberculous subjects are being increased ? The table following gives in age groups the total deaths during recent years. It also shows the flucation in five-year periods of the survivals beyond 45 years of age.

Year	Under 5 years	5—15 years	15—25 years	25—45 years	Total under 45 years	Over 45 years	Total Deaths	Percentage surviving 45 years. (5 year average)
1921-25	2	8	50	99	159	66	225	29.3
1926-30	2	5	30	101	138	54	192	28.1
1931-35	1	8	35	92	136	72	208	34.6
1936	1	—	4	17	22	16	38	42.1
1937	—	1	5	8	14	12	26	46.2

The survey is a brief one, and the total numbers dealt with are small, coupled with the welcome fact that tuberculosis is now playing a less important part in the death rates, but indication is found that in pulmonary tuberculosis life is being slightly prolonged.

The proportion of notified and non-notified pulmonary cases dying in recent years has been as follows :—

	1930	1931	1932	1933	1934	1935	1936	1937
Previously notified	43	45	37	38	32	51	38	26
Not notified	5	3	1	1	0	1	0	0
Total	48	48	38	39	32	52	38	26

Of the 7 non-pulmonary deaths, 2 were due to meningitis, 3 were abdominal, and 2 renal.

Occasion has not arisen during the year for applying the operation of Section 62 of the Public Health Act, 1925 (compulsory removal to hospital of certain cases of pulmonary tuberculosis), or of the Public Health (Prevention of Tuberculosis) Regulations 1925, controlling tuberculous subjects in the milk trade.

CANCER AND RADIUM.

Since the war an intensified campaign against malignant disease, especially against cancer, has been fostered by the Ministry of Health, and carried out with general support, though of necessity with varying prospects, owing to varying local facilities.

As the main purpose of all treatment is the postponement of death, we may focus our attention for the moment on the incidence of malignant disease in Poole, and its result in this respect, over the last fifteen years.

The following figures show the proportion, in five-yearly averages, of persons dying from malignant disease of all natures, who had reached 65 years of age, in the quinquennia 1921 to 1935.

Year.	Cancer	General Death Rate
	% of deaths over 65 years	% of deaths over 65 years
1921—25	46.8	44.9
1926—30	54.2	49.6
1931—35	57.4	52.6
1936	59.8	55.6
1937	60.4	59.1

Too much cannot be deduced from this apparently promising result over such a short period. Malignant disease is not notifiable, so we cannot say whether a greater number actually develop the condition at an older age than before, or whether it is taken in hand at an earlier stage than before and that death is in fact being postponed because of earlier diagnosis and active treatment.

Taking all risks of disease and accident into account, we are becoming an "older" population, so that unless figures like the above agree over much larger numbers than Poole is able to show, we have probably no tangible deduction to make.

It can, however, be suggested that the above figures *are* better than other averages, if only to stimulate the study of analogous comparison elsewhere.

Through the instrumentality of Mr. Gordon Luker, the Gynaecologist on the Honorary Staff of the Cornelia and East Dorset Hospital, one hundred milligrams of radium in containers of varying strength have been put at the service of the General Hospital. Use is made of this valuable adjunct both in malignant and in non-malignant gynaecological conditions, as well as in malignancy in other situations.

A Consultation Clinic under the Dorset County Council and in conjunction with the Regional Radium Centre, Southampton, was opened at the County Hospital, Dorchester, in May, 1937, being held in the forenoon of the second Wednesday in each month.

BLIND PERSONS ACT, 1920.

Care of the blind of Poole under this Act is a function of the County Council who work in co-operation with the Dorset County Association for the Blind.

Of children blind or partially blind under 16 years there are 8 under the supervision of the Education Committee, viz. :—

2 girls over ordinary school age, at home.
1 boy of school age, at home, receiving specialist treatment.
3 girls at a residential school or home.

VENEREAL DISEASES.

Administration and treatment is in the hands of the County Council. A clinic in the Borough itself is very necessary and is under consideration. At present the nearest available Centre is at the Royal Victoria Hospital. No alteration in this respect has been effected during the year.

The number of patients who attended the Clinic registered as resident in the Borough Poole has been 160 in 1932, 146 in 1933, 195 in 1934, 183 in 1935, 175 in 1936, and 195 in 1937.

It will be noticed that 42 cases did not complete treatment. as compared with 24 in 1936.

	Syphilis			Gonorrhoea			
Sex	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	Treatment completed	Ceased attendance before completion of treatment	Still under treatment	Diagnosed as Non-Venereal
M.	3	7	17	13	18	20	29
F.	5	10	20	10	7	18	18
	8	17	37	23	25	38	47

BOROUGH PUBLIC HEALTH LABORATORIES.

The sphere of gratuitous utility of the Public Health Laboratories includes the Hospitals in the Borough, the Medical Practitioners of the Borough, the School Medical Service, the Maternity and Child Welfare Service and the Food Inspectors.

For reports on materials coming from outside the Borough small charges are made.

Charges are also made for special work, such as preparation of vaccines, bacteriological tests of water samples, etc.

The Laboratories are approved by the Ministry of Agriculture and Fisheries as a pathological institute for the purposes of exam-

inations in connection with Tuberculosis in Animals (Tuberculosis Order of 1935).

LABORATORY EXAMINATIONS, 1937.

Diphtheria Swabs.	
Isolation Hospital	405
Nurses and Clinics	557
Medical Practitioners	218
County	12
Institutions	211
Total ...	1403
Other Specimens.	
Urines (M. and C.W.)	31
Urines (Superannuation) ...	16
Urines (Miscellaneous)	59
Sputa	101
Blood Counts	4
Hair for Ringworm	3
Pus	5
Fæces for Typhoid	11
Milk Analysis	13
Tissues	2
Bac. Examination of Water ...	108
Urethral, Cervical Swabs, etc. ...	32
Blood for Typhoid Group ...	20
Blood for Wassermann Test ...	14
Cerebro Spinal Fluid	6
Pleural Fluids	1
Specimens from Vet. Surgeon ...	1
Throat, nose, etc., swabs for Streptococci	85
Blood Cultures	1
Miscellaneous	62
Alderney Hospital.	
Fæces from Typhoid Patients ...	24
Urines	24
Total Examinations	2026

In 1936, 4229 examinations and reports were made, the great increase in that year being due to the Typhoid outbreak of the autumn.

HOSPITALS, MEDICAL SERVICES AND NURSING ARRANGEMENTS AVAILABLE FOR THE BOROUGH.

(1) *Hospitals and Sanatoria.*

Classification	*Name*	*Situation*	*Accommodation*	*Provided by*
Tuberculosis ...	Various	Various	72 for County	County Council
Maternity ...	Cornelia Hospital	Longfleet	12 beds	Subsidised by Borough Council
Children under 5	Cornelia Hospital	Longfleet	8 cots	Subsidised by Borough Council
Infectious Diseases	Borough Isolation	Upper Parkstone	44 beds	Borough Council
Smallpox, etc.	Baiter Isolation	Poole	10 beds	Borough Council
Children's ... Convalescent	Swanage Memorial	Swanage	3 for Borough	Royal Red Cross Society
Venereal Disease	Royal Victoria	Boscombe	4 beds	County Council
General ... and Orthopaedic	Cornelia Hospital	Longfleet	118 beds	Voluntary effort

(2) *Clinics and Treatment Centres.*

Classification.	*Situation.*	*Provided by*
Tuberculosis ...	King Street, Poole	County Council
Maternity and Child Welfare ...	67, Market Street Poole ...	Borough Council
,, ,, ...	Branksome Council Buildings	Borough Council
,, ,, ...	Creekmoor, Broadstone	Borough Council
Maternity and Child Welfare Association Consultation Centre and School for Mothers ...	Poole ...	Voluntary effort subsidised by Borough Council
,, ,, ...	Upper Parkstone	
,, ,, ...	Heatherlands ...	
,, ,, ...	Newtown ...	,, ,,
,, ,, ...	Longfleet ...	,, ,,
Elementary Schools, Minor Ailments ...	67, Market Street, Poole ...	Borough Council
,, ,, ...	Council Buildings, Branksome	,, ,,
Dental Operative Clinic ...	67, Market Street, Poole	,, ,,
Nose and Throat Operative Clinic ...	Cornelia Hospital ...	,, ,,
X-Ray Clinic ...	,, ,, ...	,, ,,
Orthopaedic Clinic ...	,, ,, ...	,, ,,
Eye Clinic ...	Municipal Buildings Poole ...	,, ,,
Diphtheria Immunisation	67, Market Street Poole ...	Borough Council
,, ,, ...	Council Buildings, Branksome.	,, ,,
Venereal Diseases ...	Boscombe ...	County Council

(3) *Professional Nursing in the Home.*

General. During the year, the four existing District Nursing Associations were combined to form one Association for the whole Borough for general nursing only, midwifery being provided for by a Municipal Service. The Corporation now gives the Association an annual grant of £200.

The Borough of Poole District Nursing Association now employs a whole-time Secretary, Superintendent, and five nurses.

Maternity. The domiciliary Midwifery Service of the Borough is described in the Maternity and Child Welfare Section of this Report. In addition to this Service, 18 certified midwives practise in the Borough. A further 2 are proprietors of nursing homes, which are also Maternity Homes.

(4) *Ambulance facilities.*

(*a*) *Infectious Diseases.* Two motor ambulances are stationed at the Borough Hospital. The newer vehicle is a Morris St. John type, capable of carrying 2 stretchers and 3 sitting cases. The area covered by this includes a considerable portion of the East of the County of Dorset, and Christchurch in Hampshire.

(*b*) *Non-infectious and Accident Cases.* Two Morris motor ambulances are maintained at the Central Fire Station. Arrangements are in force with adjacent local authorities for the use on emergency of these ambulances in areas outside the Borough, on a reciprocal basis.

There are two privately-owned ambulances available for service by private arrangement.

There is also a hand ambulance quartered at Parkstone Park.

(5) *Other Institutional Provision.*

Illegitimate Infants. The Hants and Dorset Babies' Home, in Commercial Road, Parkstone, is capable of boarding 23 infants. It receives an annual grant from Government funds, and is subject to supervision by the Medical Officer of Health.

Rescue Cases. St. Faith's Refuge, Mount Road, Parkstone, is a home for rest, supervision and advice in the case of girls who are liable to, or have become the victims of, an irregular life. It is under the auspices of the moral and spiritual welfare work of the Diocese of Salisbury. With an outdoor worker, a superintendent, and a matron, and co-operation with the Dorset Voluntary Association for Mental Welfare, it has been the means of rehabilitating many girls, and arranging for suitable institutional care for those less able to safeguard themselves.

PROPAGANDA IN HEALTH EDUCATION.

It has been the practice since 1921 to hold a " Health Week " early in October, on the dates laid down for the Empire Health Week organised by the Royal Sanitary Institute.

Realising that the spoken word gets further home than printed matter, the Medical Officer has each year in this week given about 50 addresses to men at their works, to women at Centres and Institutes, and to elder scholars in the schools of the Borough, dealing with the same subject in a manner appropriate to his audience. In this way he has covered such diverse subjects as The Use and Abuse of the Sun ,The Care of the Feet, The Meaning of Posture, Hygiene of the Mouth, Clean Food, etc.

An excellent educational item in the form of a demonstration of food values and clothing for infants organised by one of the Voluntary Centres deserves more publicity than it gets.

The local issue of the journal "Better Health" continued throughout the year. A thousand copies are delivered to 1,000 different homes each month until the Borough has been covered, thus ensuring its circulation in fact. The Medical Officer provides a "leader" of local import, in which have been dealt with Measles, a Public Health League, Diphtheria, Summer Time and Sleep, Fifty Years of Progress, the School Population and its Future, Typhoid Fever, etc.

For a population more or less acquainted with propaganda in matters of public health, it might be considered that a series of popular evening lectures on public health topics would prove acceptable as an extension of these activities. For extra calls of this nature, however, medical staff is lacking.

The Borough co-operated in the six months' National Health Campaign which began in October.

LIST OF TABLES.

A.—Vital Statistics—Quinquennial.
B.—Deaths from all Causes.
C. —Infant Mortality.
D.—Births.
E.—Housing.
F.—Sanitary Inspection, Nuisances and Defects.
G.—Food and Drugs.
H.—Cases Admitted to Borough Isolation Hospital.
I.— Infectious Diseases.
J.— Factories and Workshops.

Final Estimates of Population

Year	Population	Annual Increase	Percentage Increase	Density per Square Mile	Cumulative Increase	Cumulative Percentage
1901	1,000			1.0		
1902	1,020	20	2.0	1.0	20	2.0
1903	1,040	20	1.96	1.0	40	4.0
1904	1,061	21	2.02	1.1	61	6.1
1905	1,082	21	1.98	1.1	82	8.2
1906	1,104	22	2.03	1.1	104	10.4
1907	1,126	22	1.99	1.1	126	12.6
1908	1,149	23	2.04	1.1	149	14.9
1909	1,172	23	2.00	1.2	172	17.2
1910	1,196	24	2.05	1.2	196	19.6
1911	1,220	24	2.01	1.2	220	22.0
1912	1,245	25	2.05	1.2	245	24.5
1913	1,270	25	2.01	1.3	270	27.0
1914	1,296	26	2.05	1.3	296	29.6
1915	1,322	26	2.01	1.3	322	32.2
1916	1,349	27	2.04	1.3	349	34.9
1917	1,376	27	2.00	1.4	376	37.6
1918	1,404	28	2.03	1.4	404	40.4
1919	1,432	28	1.99	1.4	432	43.2
1920	1,461	29	2.02	1.5	461	46.1
1921	1,490	29	1.98	1.5	490	49.0
1922	1,520	30	2.01	1.5	520	52.0
1923	1,550	30	1.97	1.5	550	55.0
1924	1,581	31	2.00	1.6	581	58.1
1925	1,612	31	1.96	1.6	612	61.2
1926	1,644	32	1.99	1.6	644	64.4
1927	1,676	32	1.95	1.7	676	67.6
1928	1,709	33	1.97	1.7	709	70.9
1929	1,742	33	1.93	1.7	742	74.2
1930	1,776	34	1.95	1.8	776	77.6
1931	1,811	35	1.97	1.8	811	81.1
1932	1,847	36	1.99	1.8	847	84.7
1933	1,884	37	2.00	1.9	884	88.4
1934	1,922	38	2.02	1.9	922	92.2
1935	1,961	39	2.03	2.0	961	96.1
1936	2,000	39	1.99	2.0	1,000	100.0

* Estimated figure.

TOTAL DEATHS REGISTERED IN THE BOROUGH :—815.
TRANSFERABLE DEATHS :—(*a*) of non-residents registered in the Borough :—82.
(*b*) of residents not registered in the Borough :—91.
NETT DEATHS BELONGING TO THE BOROUGH :—824 RATE :—12.1
CORRECTED DEATH RATE :—10.8

TABLE B

CAUSES OF AND AGES AT DEATH DURING 1937.

Causes of Death.	All Ages.	Under 1 Year.	1 and under 2 Years	2 and under 3 Years	3 and under 4 Years	4 and under 5 Years	5 and under 10 Years	10 and under 15 Years	15 and under 20 Years	20 and under 25 Years	25 and under 30 Years	30 and under 35 Years	35 and under 40 Years	40 and under 45 Years	45 and under 50 Years	50 and under 55 Years	55 and under 60 Years	60 and under 65 Years	65 and under 70 Years	70 and under 75 Years	75 and upwards	Total Deaths in Institutions
All Causes :— Certified ...	821	45	2	4	2	1	9	4	6	9	9	12	11	19	34	41	55	80	83	102	293	205
Uncertified ...	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
1. Typhoid and Paratyphoid Fevers ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
2. Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4 Whooping Cough	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
5. Diphtheria	2	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2
6. Influenza	12	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	2	2	—	—	4	3
7. Encephalitis Lethargica	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
8. Cerebro-Spinal Fever	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
9. Tuberculosis of respiratory system ...	26	—	—	—	—	—	—	—	4	2	—	2	—	4	2	3	4	4	1	—	—	6
10. Other Tuberculous disease ...	7	1	—	—	1	1	1	—	—	—	—	2	—	—	—	1	—	—	—	—	—	5
11. Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. G.P.I. Tabes Dorsalis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1
13. Cancer, Malignant Disease	114	—	—	1	—	—	—	—	—	—	—	—	2	4	5	7	11	16	13	22	33	26
14. Diabetes	5	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	1	1	3
15. Cerebral Haemorrhage, etc.	40	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	3	4	6	3	21	4
16. Heart Disease	165	—	—	—	—	—	—	—	—	—	2	2	2	2	5	4	12	17	15	28	76	35
17. Aneurysm	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Other Circulatory Diseases	114	—	—	—	—	—	—	—	—	—	—	—	2	1	1	3	5	11	11	17	63	5
19. Bronchitis	45	—	—	—	—	—	1	—	—	—	—	1	—	2	1	3	—	2	8	6	21	5
20. Pneumonia (all forms)	25	5	—	—	—	—	—	1	—	—	1	—	2	—	1	—	1	1	2	3	8	8
21. Other Respiratory Diseases	12	1	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2	2	1	2	2	—
22. Peptic Ulcer	5	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	—	—	—	—	1	1
23. Diarrhoea, etc. (under 2 years) ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24. Appendicitis	6	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	1	1	—	1	—	4
25. Cirrhosis of Liver	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
26. Other Diseases of Liver	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
27. Other Digestive Diseases	9	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	3	2	4
28. Acute and Chronic Nephritis ...	23	—	—	—	—	—	—	—	—	—	—	1	—	—	2	3	2	6	2	4	3	11
29. Puerperal Sepsis	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
30. Other Puerperal Causes	3	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	1
31. Congenital Debility, etc.	29	29	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
32. Senility	44	—	—	—	—	—	—	—	—	—	—	—	1	1	3	3	—	—	1	2	41	8
33. Suicide	10	—	—	—	—	—	—	—	—	—	—	—	1	2	2	—	2	1	—	1	—	2
34. Other Violence	30	—	—	1	—	—	2	1	1	5	1	2	1	2	2	—	2	1	3	—	6	10
35. Other Defined Diseases	83	6	—	1	1	—	3	—	—	—	2	—	1	—	5	8	9	10	16	9	12	46
36. Causes Ill-defined or Unknown ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—

TOTAL DEATHS REGISTERED IN THE BOROUGH :—[illegible].
TRANSFERRABLE DEATHS :—(a) of non-residents registered in the Borough :—[illegible].
(b) of residents not registered in the Borough :—[illegible].
NETT DEATHS BELONGING TO THE BOROUGH :—[illegible] RATE :—[illegible]
CORRECTED DEATH RATE :—10.6

Causes of Death.		All Ages	Under 1 Year.	1 and under 5 Years
All Causes :	Certified ...	[illegible]	[illegible]	2
	Uncertified ...	3	1	—
1. Typhoid and Paratyphoid Fevers ...		1	—	—
2. Measles		—	—	—
3. Scarlet Fever		—	—	—
4. Whooping Cough		3	2	1
5. Diphtheria		2	—	—
6. Influenza		12	—	—
7. Encephalitis Lethargica ...		1	—	—
8. Cerebro-Spinal Fever ...		2	1	1
9. Tuberculosis of respiratory system ...		26	—	—
10. Other Tuberculous Diseases ...		7	1	—
11. Syphilis		—	—	—
12. G.P.I. Tabes Dorsalis ...		2	—	—
13. Cancer, Malignant Disease ...		111	—	—
14. Diabetes		5	—	—
15. Cerebral Hæmorrhage, etc. ...		40	—	—
16. Heart Disease		100	—	—
17. Aneurysm		—	—	—
18. Other Circulatory Diseases ...		111	—	—
19. Bronchitis		40	—	—
20. Pneumonia (all forms) ...		25	3	—
21. Other Respiratory Diseases ...		12	1	—
22. Peptic Ulcer		0	—	—
23. Diarrhœa, etc. (under 2 years) ...		1	1	—
24. Appendicitis		0	—	—
25. Cirrhosis of Liver ...		3	—	—
26. Other Diseases of Liver ...		4	—	—
27. Other Digestive Diseases ...		9	—	—
28. Acute and Chronic Nephritis ...		28	—	—
29. Puerperal Sepsis		1	—	—
30. Other Puerperal Causes ...		0	—	—
31. Congenital Debility, etc. ...		29	29	—
32. Senility		44	—	—
33. Suicide		10	—	—
34. Other Violence		20	—	1
35. Other Defined Diseases ...		88	8	11
36. Causes Ill-defined or Unknown ...		1	—	—

TABLE C.

INFANT MORTALITY DURING 1937.

Causes of Death.	Deaths from stated causes at various ages under 1 year.									Total Deaths under one year.
	Under 7 days	7-14 days	15-20 days	21-28 days	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	
Cellulitis, Toxaemia ...	—	1	—	—	1	—	—	—	—	1
Whooping Cough	—	—	—	—	—	—	—	—	2	2
Accidental Self-asphyxia	—	—	—	—	—	—	1	—	—	1
Erysipelas	—	1	—	—	1	1	—	—	—	2
Meningeal Haemorrhage ...	1	—	—	—	1	—	—	—	—	1
Congenital Diverticulum ...	—	—	—	—	—	1	—	—	—	1
Tubercular Enteritis ...	—	—	—	—	—	—	—	1	—	1
Status Thymicus ...	—	—	—	—	—	1	—	1	—	2
Cerebro-Spinal Meningitis	—	—	—	—	—	—	—	1	—	1
Broncho-Pneumonia and Congestion	—	—	—	—	—	1	3	1	1	6
Prematurity and Atelectasis	17	2	—	—	19	—	—	—	—	19
Icterus Gravis	2	—	—	—	2	—	—	—	—	2
Spina Bifida	1	1	—	—	2	1	—	—	—	3
Oedema of Larynx ...	1	—	—	—	1	—	—	—	—	1
Fits, Eclampsia in mother	1	—	—	—	1	—	—	—	—	1
Pyloric Stenosis	—	—	—	—	—	1	—	—	—	1
Acute Infantile Diarrhoea	—	—	—	—	—	—	—	1	—	1
Total	23	5	—	—	28	6	4	5	3	46

TABLE C

INFANT MORTALITY DURING 1961.

TABLE D.

TOTAL BIRTHS—1049.

Class		Notified by			Not Notified	Total	Stillbirths		
		Doctors	Midwives	Parents			Notified by		
							Doctors	Midwives	Parents
Legitimate	Male	185	306	13	—	504	10	11	—
	Female	154	293	16	—	463	6	10	—
Illegitimate	Male	9	15	—	—	24	2	—	—
	Female	7	12	—	—	19	—	—	—
Total	Male	194	321	13	—	528	12	11	—
	Female	161	305	16	—	482	6	10	—
Grand Total		355	626	29	—	1010	18	21	—

TABLE D.

TOTAL BIRTHS—[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TABLE E.

Housing.

1. *Inspection of Dwelling-houses during the Year* :—
   - (1) (*a*) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 1330
   - (*b*) Number of inspections made for the purpose ... 3204
   - (2) (*a*) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... 432
   - (*b*) Number of inspections made for the purpose ... 1594
   - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 472
   - (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... 546

2. *Remedy of Defects during the Year without Service of formal Notices* :—
   Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 445

3. *Action under Statutory Powers during the Year* :—
   (a).—Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :
   - (1) Number of dwelling-houses in respect of which notices were served requiring repairs 44
   - (2) Number of dwelling-houses which were rendered fit after service of formal notices :—
     - (*a*) By owners 44
     - (*b*) By local authority in default of owners ... —

   (b).—Proceedings under Public Health Acts :
   - (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 15
   - (2) Number of dwelling-houses in which defects were remedied after service of formal notices :—
     - (*a*) By owners 10
     - (*b*) By local authority in default of owners ... 4

   (c).—Proceedings under sections 11 and 13 of the Housing Act, 1936 :
   - (1) Number of dwelling-houses in respect of which Demolition Orders were made 1
   - (2) Number of dwelling-houses demolished in pursuance of Demolition Orders 2

   (d).—Proceedings under section 12 of the Housing Act, 1936 :
   - (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... 1
   - (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... —

4. *Housing Act, 1936—Overcrowding.*
   - (a) (i) Number of dwellings overcrowded at the end of the year... 63
     - (ii) Number of families dwelling therein 66
     - (iii) Number of persons dwelling therein 447
   - (b) Number of new cases of overcrowding reported during the year 3
   - (c) (i) Number of cases of overcrowding relieved during the year... 33
     - (ii) Number of persons concerned in such cases ... 166
   - (d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding ... ... —
   - (e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report ... ... —

TABLE F.

Housing.

TABLE F.

Report of Sanitary Inspectors for the Year 1937.

Poole District, Mr. Wheeler; Branksome District, Mr. Trim;
Longfleet District, Mr. Power; Parkstone District, Mr. Glover;
Canford District, Mr. Leggat.

	District.				
	Poole	Brank-some	Long-fleet	Park-stone	Canford
Total Number of visits to premises	4172	4333	4998	3214	4104
Visits re infectious and other diseases	31	71	52	45	56
Disinfections after infectious diseases	21	39	30	23	29
Disinfections after other diseases	17	13	2	20	16
House drains smoke tested	23	65	35	41	14
House drains water tested	63	166	52	54	53
Drains repaired, cleaned &c.	61	39	44	54	71
Licensed or Registered Premises.					
Factories, workshops and work-places	104	78	105	29	57
Slaughterhouses	—	361	614	168	240
Dairies and milkshops	121	83	98	180	72
Cowsheds	49	13	31	7	215
Bakehouses	101	33	11	57	13
Houses Let-in-Lodgings	—	—	13	—	—
Common Lodging Houses	79	1	—	—	—
Inspections.					
Butchers' premises	522	544	594	242	104
Greengrocers' premises	302	648	720	102	20
Fishmongers' premises	328	399	362	35	21
Fish Market	30	—	—	—	—
Schools	85	1	15	27	6
Ice Cream Premises	89	8	—	49	2
Picture houses	96	2	44	—	—
Lavatories	60	42	7	122	48
Other premises	1951	1295	1375	1687	1542
Inspections of work in progress	214	413	713	397	1181
Food and Drugs Acts.					
Samples of food, &c., taken	12	59	61	66	60
Complaints received	—	—	1	—	—
Food Destroyed, lbs.	618½	7447	7843½	804½	1509
Nuisances and Defects.					
Premises requiring repair	53	119	435	57	51
Cleansing or limewashing	26	39	8	23	13
Defective W.C. fittings	28	52	170	25	16
Defective yard surfaces	5	20	350	11	2
Defective eaves and downspouts	42	43	223	24	27
Defective sinks	6	36	242	22	19
Defective urinals	2	—	1	3	—
Defective manure pits	4	—	—	3	—
Animals improperly kept	6	2	—	5	—
Overcrowding	1	—	101	1	2
Offensive accumulations	27	27	5	13	5
Other nuisances (Premises with)	62	166	3393	126	225
Informal Notices served	36	207	177	129	280
,, ,, complied with	37	175	144	106	232
Statutory Notices served	—	13	1	8	1
,, ,, complied with	—	4	9	12	10
Diseases of Animals Acts.					
Visits made	28	2	26	3	64
Movement Licences (within the Borough) ...			81 licences		
Movement Licences (outside the Borough) ...			100 licences		
Reports to Board of Agriculture	1	—	2	—	7
Cautions	—	—	—	—	—
Prosecutions	—	—	—	—	—

Cesspools closed up : 98

TABLE E.

Report of Sanitary Inspectors for the Year 1927.

Poole Dist. — Mr. [illegible]. Bournemouth Dist. — Mr. Tann.
Long Dist. — Mr. [illegible]. Parkstone Dist. — Mr. Clark.
Sandford Dist. — Mr. [illegible].

| | Number of | | |

TABLE G.

WORK DONE UNDER THE FOOD AND DRUGS ACTS.

	Samples.						
	Formal	Informal	Total	Genuine	Adulterated	Vendor cautioned	Vendor prosecuted.
Milk	77	1	78	77	1	1	—
Condensed Milk	1	1	2	2	—	—	—
Skimmed Milk	—	1	1	1	—	—	—
Butter	33	—	33	33	—	—	—
Lard	15	—	15	15	—	—	—
Tea	12	1	13	13	—	—	—
Flour	8	1	9	9	—	—	—
Ice Cream	8	1	9	9	—	—	—
Margarine	8	2	10	10	—	—	—
Cocoa	4	2	6	6	—	—	—
Coffee	5	—	5	5	—	—	—
Coffee and Chicory	2	—	2	2	—	—	—
Tinned Peas	4	1	5	5	—	—	—
Cooked Peas	2	—	2	2	—	—	—
Pepper	3	2	5	5	—	—	—
Gravy Powder	—	4	4	4	—	—	—
Tinned Beans	1	—	1	1	—	—	—
Rice	2	1	3	3	—	—	—
Ground Almonds	2	—	2	2	—	—	—
Beer	2	—	2	2	—	—	—
Bread	2	—	2	2	—	—	—
Borax	2	—	2	2	—	—	—
Cheese	2	—	2	2	—	—	—
Cocoanut	2	—	2	2	—	—	—
Ground Ginger	2	—	2	2	—	—	—
Minced Meat	2	—	2	2	—	—	—
Paste	3	1	4	4	—	—	—
Mustard	1	1	2	2	—	—	—
Sausages	2	—	2	2	—	—	—
Sausages (Preserved) ...	1	—	1	1	—	—	—
Suet	2	1	3	3	—	—	—
Custard Powder	1	1	2	2	—	—	—
Honey	1	—	1	1	—	—	—
Herbal Tablets	1	—	1	1	—	—	—
Jam	1	—	1	1	—	—	—
Marmalade	1	—	1	1	—	—	—
Pickle	1	—	1	1	—	—	—
Sage	1	—	1	1	—	—	—
Stuffing (Sage and Onion) ...	1	—	1	1	—	—	—
Sugar brown	—	1	1	1	—	—	—
Jelly	—	1	1	1	—	—	—
Baking Powder	—	1	1	1	—	—	—
Cordial (Blackcurrant) ...	—	1	1	1	—	—	—
Dried Mint	—	1	1	1	—	—	—
Ice Cream Powder	—	4	4	4	—	—	—
TOTAL	218	31	249	248	1	1	—

TABLE C.

WORK DONE UNDER THE FOOD AND DRUGS ACTS

	Samples.			
	Formal	Informal	Total	Genuine
Milk	77	1	78	77
Condensed Milk ..	1	1	2	—
Skimmed Milk .		1	1	—
Butter	33	—	33	33
Lard	15	—	15	15
Tea	19	1	18	18
Flour		1	0	0
Ice Cream		1	0	0
Margarine		2	10	10
Cocoa		2	6	6
Coffee		—	5	5
Coffee and Chicory .		—	5	5
Tinned		1	5	5
Cocoa and Milk .		—	5	5
Pepper		—	5	5
Curry Powder .		4	4	4
Tinned Cream .		—	1	1
Rice .		1	3	3
Ground Almonds		—	5	5
Beer		—	5	5
Bread		—	5	5
Borax		—	5	5
Cheese		—	5	5
Cocoanut		—	5	5
Ground Ginger ...		—	5	5
Minced Meat ...		—	5	5
Butter		1	4	4
Mustard		1	5	5
Sausages		—	5	5
Sausages (Preserved) ..		—	1	1
Suet		1	3	3
Custard Powder		1	2	2
Honey		—	1	1
Herbal Tablets		—	1	1
Jam		—	1	1
Marmalade			1	1
Pickle			1	1
Sago			1	1
Stuffing (Sage and Onion) ...		—	1	1
Sugar, brown		1	1	1
Jelly		1	1	1
Baking Powder ..		1	1	1
Cordial (Blackcurrant)		1	1	1
Dried Mint ...		1	1	1
Ice Cream Powder .		1	1	1
TOTAL ...	218	31	249	218

TABLE H.

CASES ADMITTED TO ALDERNEY HOSPITAL DURING THE YEAR 1937.

	From Borough	From other Districts	From Port Health Authority	Total Number of cases admitted
Scarlet Fever	50	26	—	76
Admitted as Scarlet Fever, but not confirmed ...	1	—	—	1
Diphtheria, nasal 3	5	6	—	11
„ faucial 1				
„ laryngeal 1				
Diphtheria (imported)	6	—	—	6
Admitted as Diphtheria but not confirmed ...	1	4	—	5
Diphtheria Temporary Carriers	4	1	—	5
Encephalitis	—	1	—	1
Pemphigus	1	—	—	1
Cerebral-Spinal Meningitis	3	—	—	3
Puerperal Fever	11	1	—	12
Typhoid Fever	2	1	—	3
Paratyphoid Fever	—	2	—	2
Dysentery	1	—	—	1
Acute Pneumonia	—	1	—	1
Whooping Cough	1	1	—	2
Ophthalmia Neonatorum	2	—	—	2
Erysipelas	6	1	—	7
Measles	—	7	—	7
			—	
Total	94	52	—	146

TABLE B.

CASES ADMITTED TO ALDERNEY HOSPITAL DURING THE YEAR

	From Borough	From other Districts	From Port Health Authority
Scarlet Fever	50	28	—
Admitted as Scarlet Fever, but not confirmed ...	1	—	—
Diphtheria, nasal 3	5	6	—
" laryngeal 1			
" laryngeal 1			
Diphtheria (suspected)	6	—	—
Admitted as Diphtheria but not confirmed ...	1	4	—
Diphtheria Temporary Carriers ...	1	1	—
Erysipelas	—	1	—
Pemphigus	1	—	—
Puerperal Mania	3	—	—
Puerperal Fever	11	1	—
Typhoid Fever	2	1	—
Paratyphoid Fever	—	2	—
Dysentery	1	—	—
Acute Pneumonia	—	1	—
Whooping Cough	1	1	—
Ophthalmia Neonatorum	2	—	—
Erysipelas	6	1	—
Measles	—	7	—
			—
Total	94	62	—

TABLE I.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1937.

Notifiable Diseases	At all ages	Number of Cases Notified.												Removed to Hospital
		Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years	45-65 years	65 & upwards	
Erysipelas	13	2	—	1	—	—	—	—	—	1	1	4	4	6
Scarlet Fever	55	—	1	1	1	4	28	13	2	3	1	1	—	51
Diphtheria	11	—	—	—	—	—	5	6	—	—	—	—	—	11
Puerperal Pyrexia ...	14	—	—	—	—	—	—	—	1	9	3	1	—	12
Pneumonia	24	1	—	—	2	—	1	3	3	5	3	5	1	1
Polio-Myelitis	2	—	—	—	—	1	—	1	—	—	—	—	—	1
Cerebro-Spinal Meningitis	2	1	1	—	—	—	—	—	—	—	—	—	—	2
Streptococcal Meningitis	1	—	—	—	—	1	—	—	—	—	—	—	—	1
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—	—	—	—	2
Typhoid	2	—	—	—	—	—	—	—	—	1	—	1	—	2
Bacillary Dysentery ...	2	—	—	—	—	—	—	—	1	—	—	1	—	1
	128	6	2	2	3	6	34	23	7	19	8	13	5	90

TABLE I.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING 1881.

TABLE J.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers prosecuted.
Factories ... ... (Including Factory Laundries)	208	15	—
Workshops ... ... (Including Workshop Laundries)	297	14	—
Workplaces ... ... (Other than Outworkers' premises)	88	3	—
Total	593	32	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of offences in respect of which prosecutions were instituted.
	Found	Remedied	Referred to H.M. Inspector	
Nuisances under the Public Health Acts :—*				
Want of cleanliness	23	24	—	—
Want of ventilation	3	4	—	—
Overcrowding	—	—	—	—
Want of drainage of floors...	1	1	—	—
Other nuisances	24	24	—	—
Sanitary accommodation insufficient	2	2	—	—
unsuitable or defective ...	22	22	—	—
not separate for sexes ...	1	1	—	—
Offences under the Factory and Workshop Acts :—				
Illegal occupation of underground Bakehouse (s.101) ...	—	—	—	—
Other offences	—	—	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers Order, 1921).				
Total	76	78	—	—

*Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

TABLE 1.

1.—Inspection of Factories, Workshops and Workplaces.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisa

Premises.	Number of	
	Inspections.	Written Notic
Factories ... ... (Including Factory Laundries)	508	— 15
Workshops ... ... (Including Workshop Laundries)	297	— 14
Workplaces ... ... (Other than Outworkers' premises)	88	3
Total ... — ...	893	— 32

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Def	
	Found	Remedied
Nuisances under the Public Health Acts :—		
Want of cleanliness	23	24
Want of ventilation	3	1
Overcrowding	—	—
Want of drainage of floors	1	1
Other nuisances	24	24
Sanitary accommodation insufficient ...	2	2
unsuitable or defective ...	22	22
not separate for sexes ...	1	1
Offences under the Factory and Workshop Acts :—		
Illegal occupation of underground Bakehouse (s. 101) ...	—	—
Other offences	—	—
(Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921)		
Total	76	75

*Including those specified in sections 2, 4, 7 and 8 of the Factory and Workshop Act under the Public Health Acts.

PART II.

PORT HEALTH.

PORT MEDICAL OFFICER'S REPORT (Abridged).

The Medical Officer of Health for the Borough is also Port Medical Officer. Dr. G. Chesney, who holds the Certificate of the London School of Tropical Medicine, is Deputy Port Medical Officer, and these are assisted by Mr. P. W. Wheeler, Cert. R.S.I., M.S.I.A., Sanitary Inspector, who is also Sanitary Inspector for the Port. Close co-operation exists between the Officers of H.M. Customs, the Harbour Master, and the Medical Officer's Department.

Year.	Incoming Vessels.	Tonnage.	Average Tonnage.
1931	1139	255675	225
1932	1197	253730	212
1933	1169	272042	233
1934	1194	280882	235
1935	1226	266167	217
1936	1291	289524	224
1937	1269	295561	233

I. *Amount of Shipping entering the Port during the year* 1937.

TABLE A.

Class		Number	Tonnage	Number Inspected		Number reported to be defective	Number of vessels on which defects were remedied	Number of Vessels reported as having, or having had, during the voyage, infectious disease on board
				By the Medical Officer	By the Sanitary Inspector			
Foreign	Steamers	48	23162	7	36	2	2	—
	*Motor	58	8056	1	9	—	—	—
	Sailing	—	—	—	1	—	—	—
	Fishing	—	—	—	—	—	—	—
	Yachts	56	1390	—	—	—	—	—
Total Foreign		162	32608	8	46	2	2	—
Coastwise	Steamers	563	197368	10	167	15	15	—
	*Motor	527	64285	8	57	2	2	—
	Sailing	17	1310	—	10	—	—	—
	Fishing	—	—	—	—	—	—	—
Total Coastwise :		1107	262953	18	234	17	17	—
Total Foreign and Coastwise :		1269	295561	26	280	19	19	—

* Includes mechanically propelled vessels other than steamers.

II. *Character of Trade of the Port.*

(a) *Passenger Traffic.* There is a passenger service running between Poole, the Channel Islands, St. Malo and Cherbourg. Apart from this, the passenger services are local, communicating between the Isle of Wight, Bournemouth, Poole, Swanage and Weymouth.

TABLE B.

Passenger Traffic during 1937.

No. of Passengers.	Yachts' Guests	Excursionists	French Onion Sellers
INWARDS: France and Channel Islands	—	2908	—
OUTWARDS: France and Channel Islands	—	2903	—
Other Overseas Countries	—	4	—

The Onion-men return to their homes *via* either Southampton or Weymouth.

Poole is not an "Approved Port" for the purpose of control of transmigrants.

(b) *CargoTraffic.* Imports from abroad were chiefly timber, oil, stone, slates, building materials, asbestos, onions, fertilisers, pyrites, paper pulp, and general cargoes, and by coastal traffic, coal, cement, oil, petrol, stone, sugar, potatoes, grain and general cargoes.

Exports were chiefly clay, plaster, gas oil and tar, scrap-iron, and general cargoes.

The bulk of the traffic during the year has been with France, Belgium, Holland, Channel Islands, Scandinavian and Baltic Ports, in addition to English and Scottish Ports generally.

III. *Source of Water Supply.*

See Annual Report for 1934.

IV. *Port Sanitary Regulations*, 1933.

1)-(4). See Annual Report for 1934.

(5)-(6). Articles 14-16. Occasion has not arisen for the application of these Articles, but arrangements and forms are in force for their operation when necessary.

(7)-(11). See Annual Report for 1934.

(12). *Other Matters.* No cases of infectious sickness were landed from vessels during the year, and no cases occurred of a vessel having such sickness on board during a voyage to the Port.

V. *Measures against Rodents.*

Application has been made to the Ministry of Health for approval of the Port for the issue of Deratisation and Exemption Certificates under Article 28 of the International Sanitary Convention, 1926, but has not been granted.

(1)-(5). See Annual Report for 1934.

No ships were found to harbour rats, and Table F below gives particulars of rats recovered from warehouses.

TABLE F.
RATS DESTROYED DURING 1937.
IN DOCKS, QUAYS, WHARVES AND WAREHOUSES.

Number of Rats.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Black ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Brown ...	—	—	7	—	8	—	—	—	5	4	11	—	35
Examined ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Infected ...	—	—	—	—	—	—	—	—	—	—	—	—	—

Tables G and H (omitted) are under the circumstances "Nil Returns."

VI. *Hygiene of Crews' Spaces.*

TABLE J.
Classification of Nuisances.

Nationality of Vessel.	Number inspected during 1936	Defects of original construction	Structural defects through wear and tear.	Dirt, vermin and other conditions prejudical to health.
British ...	280	—	10	7
Other Nations	46	—	—	2

VII.(1) *Food Inspection.*

See Annual Report for 1934.

(2) *Shellfish.*

The Close Season for oyster dredging extends from 15th May to 30th September. The same conditions, however, which limited the useful dredging for trade purposes in 1936, remained in 1937.

The Southern Sea Fisheries District Committee considered the possibility of restocking some of the oyster grounds, and the Chief Fishery Officer in his report for the quarter ended 15th April, 1937, observed as follows :—

> "With regard to Poole Harbour it will be possible to re-stock some of the grounds there. There is an area in the vicinity of Stakes Buoy in Wareham Channel which can be used, but it will be necessary to clear the grounds of slipper

limpets and also to clean the grounds generally before oysters are laid. There is a small area lying between Lilliput and Bell Buoy where the grounds are fairly clean, but as sand is likely to spread over the beds, this area is in my opinion unsuitable, quite apart from the fact that the water is more saline than in Wareham Channel and such increased salinity would be detrimental to oyster culture. In the case of each area it will be necessary to dredge the grounds from time to time in order to keep them clean, and this would be a more serious matter in the vicinity of Stakes Buoy than in the small area between Lilliput and Bell Buoy.

"It would probably be necessary to lay down 100,000 oysters at the least, and two or three years would have to elapse before those oysters would be marketable, and it would take two or three years more for those that were left, to spat.

"Having regard to the cost of obtaining two-year-old oysters, the expense of clearing and cleansing such grounds as may be chosen, and the expense of keeping the grounds clean afterwards and watching them, it appears to me that the wisdom of developing the oyster fisheries in Poole Harbour at the present time is a matter requiring serious consideration

At the quarterly meeting of the Committee held on the 15th April last the Chief Fishery Officer stated that a considerable sum of money (probably about £500) would be required for the purpose of restocking the grounds in Poole Harbour. He also stated that the great mortality in oysters that occurred after the war, which was very marked in the year 1921, was not attributable to slipper limpets. It was resolved (*inter alia*) that no steps be taken for the purpose of restocking with oysters the grounds in Poole Harbour.

In the Chief Fishery Officer's report for the quarter ended 21st October, 1937, he stated that in Poole Harbour, which comprised one of the main cockle fisheries, cockles had been taken in large numbers and the usual prices had been obtained. With regard to oysters he stated that no improvement had been observed in the oyster grounds and there was evidence of slipper limpets in large quantities.

At the quarterly meeting held on the 21st October, 1937, the Chief Fishery Officer reported that he had dredged for oysters in Poole Harbour on the 18th October, 1937, that after 17 hauls from a motor boat, 13 oysters were dredged, and that all the grounds in the harbour, with the exception of Black Bill area, were covered with slipper limpets.

PART III.

MATERNITY & CHILD WELFARE.

ORGANISATION.

This has been given in detail in previous years. See Annual Report, 1934. Part III, pp. 1-2.

WORK DONE UNDER THE BOROUGH SCHEME.

(1) *Home Visiting.*—The Health Visitors, and the Medical Officer where considered necessary, have paid 554 visits of advice to expectant mothers, and 12,330 visits to infants and children under school age.

(2) *Ante-Natal, Post-Natal and Child Welfare Clinics.*—The Medical Officer or the Deputy Medical Officer personally attends all clinics. At these, advice, and where advisable, treatment have been given or arranged for mothers, including 151 expectant mothers.

Of the total attendances at all clinics and centres of 13,535, 6,795 were by 526 children under 1 year, and 6,740 by 944 over 1 year, and of the total visits paid to homes, 5,336 were on account of those under and 6,994 for those over one year of age.

In the ante-natal care of mothers, examination of urine is made during the last three months. 31 such examinations were made in all.

Records of blood-pressure may also be kept, as an adjunct in anticipating possible complications.

There is established at Cornelia Hospital in co-operation, on Thursday afternoons, an ante-natal and post-natal clinic, at which the mothers who are waiting admission to the Maternity Ward under the Scheme meet, and are examined and kept under observation by, the Obstetrician who will attend them during their stay in the Ward, and keep in touch with them post-natally, if required.

The Hospital records show that of 183 expectant mothers of the Borough attending the Hospital Ante-Natal Clinic, ultimately 72 of those referred under the Borough Scheme passed through the Maternity Ward, and 52 of the total made post-natal attendances The total number attending ante-natally was an increase of 33 on 1936.

(3) *Issues of Milk and Dried Milk.*—In certain cases and under close supervision, dried milk is sold at cost price for use of infants where for definite reasons the mother's milk is not available, or where the seasonal conditions render ordinary cow's milk undesirable. This part of the Scheme is self-supporting, but no profit accrues.

Milk at reduced rates, or free issues of milk are allowed, for medical reasons only—in most cases to the amount of one pint

per individual per day—where the household income does not exceed a sliding scale approved of by the Ministry of Health. It has been granted, usually in four-weekly periods and renewable, in 220 cases, a decrease of 17 on 1936.

In some cases the issues commenced with those expecting to become mothers within three months, or with mothers nursing their infants whose breast milk showed signs of insufficiency.

In suitable cases the milk was continued for the direct benefit of the infant, where for an ascertained reason the mother's milk was not available or suitable, and in a selected few the issue was carried into the second year, where home conditions were handicapping the child.

(4) *Hospital Services for Maternity and its Complications.*—Accommodation is provided at Cornelia General Hospital and at the Borough Isolation Hospital (for Puerperal cases).

In 1937, 72 maternity cases were admitted, as compared with 56 in 1936. 47 of the cases presented abnormality and 1 Caesarean operation was carried out.

(5) *Hospital Treatment under Child Welfare Scheme.*—9 infants have received attention as in-patients in hospital. Details are to be found opposite.

HOSPITAL ADMISSIONS.

Maternity.

No.	Cause.	No. of Deliveries.		Deaths.					Abortions.
				Maternal.	Infantile.		Stillbirths.		
		M.	F.		M.	F.	M.	F.	
4	Contracted Pelvis	2	2	—	—	—	—	—	—
1	Prolapse of Cord (Caesareans) ...	1	—	—	—	—	1	—	—
4	Albuminuria and Pre-eclamptic ...	3	1	—	—	—	—	—	—
2	Anaema	—	2	—	—	—	—	—	—
16	Previous complicated labours or stillbirths	9	7	—	—	—	—	—	—
1	Ante-partum Hæmorrhage	—	1	—	—	—	—	1	—
8	Abnormal lie	6	4	—	—	—	3	—	—
1	Marked Varix	—	1	—	—	—	—	—	—
9	Inertia	6	3	—	—	—	—	—	—
1	Nervous Debility	1	—	—	—	—	—	—	—
25	Convenience	14	11	—	—	—	1	1	—
72		42	32	—	—	—	5	2	—

HOSPITAL ADMISSIONS—(*contd.*)

Infants.

Provisional Diagnosis.	Discharged			Remaining in Hospital.	Died.	Total.
	In Good Health	Improved	No Improvement			
Marasmus, Nutritional	—	5	—	2	—	7
Prematurity	—	1	—	—	—	1
Post-operative Erysipelas	—	—	—	—	1	1
	—	6	—	2	1	9

MEMORANDUM 1550.

WELFARE OF CHILDREN UNDER SCHOOL AGE.

In this Annual Report for 1935, Part III, page 6, the subject of systematic inspection of the pre-school child was introduced as follows :—

> " An attempt has been made at the end of the year to introduce a system of medical overhaul of the ' toddler,' on a purely voluntary basis, at the centres and clinics of the Borough. For this the ordinary record cards of the School Medical Service are used, so that, as much as possible, continuity of effort may result. The endeavour is to have each child thoroughly examined, in the meantime, once a year, concentrating on the younger ones from 1 to 3 years to minimise, if possible, the incidence of the defects which are already found well advanced in the ' entrance ' examination of the five-year-old.
>
> " Admittedly the totals so far dealt with are insignificant, but the difficulty is for the present medical staff of two to find time for what could easily develop into a prominent and valuable feature of child welfare work, and it is unfair to expect it to any extent from the busy practitioner who is already giving his time to the Centres of the Voluntary Association.
>
> " To suggest that such work encroaches on the sphere of the practitioner would be incorrect. On the contrary, such an overhaul discloses often conditions for which the most appropriate advice to the parent is to consult a doctor. The tendency is, therefore, to bring child treatment work to the general practitioner, rather than to take it from him."

In 1935, 58 children were examined, in 1936, 245, and, where appropriate, children were referred for special treatment.

As mentioned above, so far as medical staff is concerned, the time given to this work must of necessity be intermittent and uncertain, and it was not found possible to continue these examinations during 1937. Systematic examination and following-up, on anything approaching a desirable scale, must wait until the Council can see their way to appoint a second Assistant Medical Officer, part of whose time would be allocated to this particular work.

In the meantime, the Council have appointed an additional member of the health-visiting staff—a proportion of whose salary will be charged to the extension of services for children 1—5. These services will, so far as the Medical Officer's time allows, be assistance at " toddler " inspections held at existing municipal clinics or Voluntary Association Centres, and, otherwise, following up in the homes and as " liaison officer " in cases requiring treatment.

All health visitors are expected to give as much attention at their visits to the young child between 1 and 5 years as is compatible with suitable observation of the baby. The additional health visitor will concentrate, by arrangement, on families where there is no baby. Up to the present, home visits to " toddlers " have averaged two per year over all.

There are approximately 3,000 children over one year embraced in the municipal child welfare activities. Of these, 944 have attended the clinics or centres, making 6,740 attendances, an average of seven times in the year.

With regard to special separate sessions for " toddlers," remark has previously been made upon the artificial line of cleavage which tends to develop in child welfare work in differentiating the " infant " from the " toddler," as if the potentiality of results with existing Health services were not equal in both cases. It is considered that definite separation of these two aspects of the work would be to the ultimate detriment of both. The young mother with a baby and a " toddler " must as a rule either bring both children, or stay at home. It is preferable that she should bring both. She should not be asked to come twice with both children for the clinic services for one. Hence it is questionable whether advantage will be gained by establishing special clinics. So long as there is a separate room where overhauls can be carried out free from interruption, better results will be got with less disturbance of a mother's domestic responsibilities. This is what it is proposed to expand. It is more easy of achievement at municipal clinics than by a voluntary organisation whose finances may be fully strained by their present obligations.

The large area of the Borough (15,641 land acres) with relatively small population (68,000) makes the question of provision of nursery schools very difficult to develop on sound lines. The Local Education Authority has at present one nursery class in the Old Town, at Lagland Street Infants' School. Development of this class system appears the method of choice if the movement extends.

ORTHOPAEDIC SCHEME.

The Orthopaedic Scheme of the Borough to cover both the School Medical and the Child Welfare Services came into force during 1935. The scheme has got well into stride. The whole elementary school population has been sifted, and, except in a few cases where parents were not agreeable or preferred to make private arrangements, the defects are being treated, to the number at the end of the year of 143, of which 40 came under treatment during 1937.

As the prevention of crippling is the aim, the endeavour is to get the child under suitable supervision at the earliest practical

age. Since July, 1935, 70 children under school age have come under the Scheme :

Type of Defect.	Under treatment in 1936	Added during 1937	Completed treatment
Congenital defect ...	3	4	—
Traumatic deformity	1	1	—
Rachitic deformity ...	17	6	1
Paralytic deformity ...	3	1	1
Postural defect ...	10	19	4
Other bone diseases ...	2	—	—
	36	31	6

Twelve of the above received in-patient treatment, and 6 came off the list with treatment completed.

PREVENTION AND TREATMENT OF VENEREAL DISEASES.

Congenital Syphilis.

In April, 1935, Circular 1474 of the Ministry of Health emphasised the importance of securing, in the fullest measure, the services locally available. The County Scheme includes out-patient and in-patient treatment at Boscombe Hospital. It also allows of the payment of travelling expenses to and from the Hospital in approved cases. This service has been taken advantage of for some years with controlled efficiency, as it has been possible to arrange with the County Council to recoup the expenses via the municipal maternity and child welfare clinics, and to continue this control through the School Medical Service.

OPHTHALMIA NEONATORUM.

Four cases were notified. One of these was confirmed as due to gonorrhoeal infection. No damage to eyesight resulted.

MIDWIVES ACTS, 1902-1936.

On October 1st, 1930, the Council became the local Supervising Authority by transfer from the County Council.

With the introduction of the Midwives Act, 1936, it became necessary to submit to the Ministry of Health a scheme for the provision of an adequate Midwifery and Maternity Nursing Service to meet the requirements of the whole Borough.

The original purpose of the Queen's Institute of Nurses and of the District Nursing Associations, which were staffed mainly by

"Queen's Nurses," was that of general nursing in the home. Latterly Midwifery had locally taken such a prominent part in the work of these associations, that there was a tendency to forget the main purpose and to confine activities to special areas in the Borough, some newly developing districts being without home nursing facilities altogether.

As the Associations were, with the aid of voluntary subscriptions, in a position to "undercut" the private practising midwife, the result was a tendency for the latter to be unable to maintain the standard desirable rather than to give hope of an improvement.

The area being so extensive, and there not being prospects of the whole being covered by the existing services, it became the policy of the Council to subsidise the Nursing Associations in order to enable them to maintain an efficient general home-nursing service for the whole Borough, the Council taking under Municipal control a sufficient Midwifery Service for the Borough's needs in this respect. By agreement, the four Nursing Associations were combined to cover the Local Government area, and a scheme for the provision of a Supervisor and eight Municipal Midwives was submitted to the Ministry of Health and approved, and this came into force on 1st August, 1937. Of the nine referred to above, the Supervisor and six had been in local private practice, and two were new to the district. Of the local Midwives appointed, four were State Registered Nurses, and two held the S.C.M. certificate only, but had been in whole time practice.

Two elderly practising Midwives were retired under powers given by the Act, and one, in successful practice, retired voluntarily.

The average mother dislikes changes in her nursing attendant, and it takes some time for a scheme such as that now introduced to "run itself in." It was estimated that in a full year the Municipal Midwives should deal with about 600 cases, either as Midwives or as Maternity Nurses.

By arrangement with the Municipal obstetrical and gynaecological Consultant, the ante-natal clinic at Cornelia Hospital is extended in its scope in collaboration with this Midwifery Service. A municipal midwife may refer all primiparae and multiparae of over four births, and any others whom she may consider to require special consideration, to the obstetrical specialist for an examination and report when booked, and again towards full time, or as often as the specialist may consider advisable. The ante-natal report is made in triplicate, one copy being for the Local Authority's record file, and the third being available for the practitioner of choice if one be engaged by the expectant mother concerned, either from her own preference, or because the obstetrical specialist has advised her to do so.

For this antenatal—and also post-natal—examination service, a *per capita* rate of 6/8 per report is paid to the Hospital.

The benefit to the practitioner engaged, of having available the report of an expert, would, it is hoped, be of material effect in reducing last moment emergencies and visits. Until, however, the system has been longer in use, it is premature to make comparison with past figures.

Up to the end of the year, the Municipal Midwives had attended 160 cases and called in medical aid in 30 of these. For the whole year, medical aid was summoned in 114 instances, as compared with 78 and 72 in 1936 and 1935 respectively.

Doctor's claims amounting to £80/19/0 were paid, the amount in 1936 being £52/8/0.

There were at the end of 1937, 36 midwives on the practising roll, distributed as follows :—

Municipal Midwives	9
Living in and practising within the Borough ...	11
Living outside, and practising within the Borough	4
Living and practising in Institutions in the Borough	12
	36

CHILDREN AND YOUNG PERSONS. (PUBLIC HEALTH ACT, 1936).

The duties of supervision of children boarded out with foster mothers were taken over on 1st April, 1930.

With the general supervision of the Medical Officer, each of the six Health Visitors is an authorised Inspector under the Act, and their work under this Act is closely associated with that carried out for the Maternity and Child Welfare Scheme generally, many of the foster mothers making regular attendance at either clinic or a voluntary Centre.

There were 77 foster children on the Register at the end of the year, in the care of 73 foster mothers. 540 visits were paid to these by the Inspectors.

NURSING HOMES REGISTRATION ACT, 1927.

The work of supervision under this Act was transferred to the Borough from the County Council on April 1st, 1930.

There are 12 Institutions on the Register, one being exempt and 11 subject to supervision, of which latter 2 are classed also as Maternity Homes. These are in charge of qualified midwives subject to supervision under the Midwives Acts.

PREVENTION OF MATERNAL MORTALITY AND MORBIDITY.

MATERNAL MORTALITY, 1921-1936.

Year	Total Births including Stillbirths.	Deaths per 1,000 births from			
		Puerperal Fever		Other Accidents	
		No.	Rate	No.	Rate
1921	973	1	1.03	1	1.03
1922	908	1	1.10	3	3.30
1923	881	0	——	2	2.27
1924	852	1	1.17	5	5.87
1925	878	3	3.39	3	3.39
1926	905	0	——	3	3.31
1927	923	0	——	0	——
1928	945	1	1.06	7	7.41
1929	941	1	1.06	4	4.25
1930	976	2	2.05	3	3.08
1931	942	1	1.06	6	6.37
1932	920	1	1.09	0	——
1933	1018	0	——	1	0.89
1934	992	3	3.02	6	6.04
1935	1046	3	2.94	3	2·94
1936	1035	1	0.97	5	4.85
1937	1049	1	0.95	3	2.76

It will be seen from the table that the year 1937 has given us one death from puerperal septicaemia and 3 from other causes associated with pregnancy. Each has been the subject of a special report to the Chief Medical Officer of the Ministry of Health. Two of the deaths occurred in hospital, one in a nursing home, and one at home, the three associated deaths being attributed to mitral stenosis, post-partum haemorrhage, and ectopic gestation respectively.

The mortality rate is 3.71, compared with the figure for England of 3.13.

PREVENTION OF NEO-NATAL MORTALITY.

Deaths under 1 year of age can be usefully divided into two groups—those under four weeks (the neo-natal deaths), and the rest.

For recent years, the following table summarises the position with regard to the former group.

Year.	Neo-Natal Deaths attributed to					Annual Rate per 1,000 live births	Rate per five-year period.	Annual Infant Death Rate per 1,000 live births	Rate per five year period.
	Antenatal Causes.		Postnatal Causes.		Total				
	No.	%	No.	%					
1919	23	82	5	18	28	36.4		62.0	
1920	35	83	7	17	42	42.0		75.0	
1921	41	89	5	11	46	48.4	39.2	73.6	70.1
1922	27	82	6	18	33	38.2		79.7	
1923	23	88	3	12	26	30.8		60.0	
1924	27	82	6	18	33	43.0		66.3	
1925	22	81	5	19	27	30.3		71.7	
1926	24	92	2	8	26	30.2	33.5	53.4	60.0
1927	30	97	1	3	31	33.5		58.1	
1928	26	93	2	7	28	30.6		50.2	
1929	20	71	8	29	28	30.9		46.3	
1930	32	97	1	3	33	35.1		57.6	
1931	14	87.5	2	12.5	16	17.7	29.0	43.2	49.7
1932	24	92	2	8	26	29.3		55.2	
1933	29	94	2	6	31	32.0		46.4	
1934	25	92.5	2	7.5	27	28.0		44.1	
1935	37	90	4	10.0	41	41.5		44.4	
1936	23	92	2	8	25	25.1		51.2	
1937	26	92	2	8	28	27.7		45.6	

The five-yearly rate columns above indicate that the neo-natal mortality is decreasing more slowly than the total infant mortality. The operation of the Midwives Act, 1936, will, in this respect, be watched with interest, from year to year.

VOLUNTARY WORK.

The Borough of Poole Maternity and Child Welfare Association. The workers of this Association, which is subsidised by the Borough, and is under the guidance of the Medical Officer and the Health Visitors, with six practitioners giving their services voluntarily, continues to give most valuable support to the aims of the Municipal Scheme. It is now in the 28th year of its activities, and is one of the pioneers of this work in the country.

The activities of the Association include a Maternity Provident Club, Savings Bank, Dental Club, Sale of Children's Garments, and loan of Sick Room requisites, bed linen, packs, etc.

Hants and Dorset Babies' Home and Nursery Training School. Reference has already been made to this Institution in the Public Health Section of the Report. It has a capacity of 23 cots, and 16 infants were admitted during the year. Of these, 4 were the children of mothers belonging to the Borough.

Red Cross Children's War Memorial Hospital, Swanage. Ten young children belonging to Poole had the benefit of this Hospital.

IMMUNISATION AGAINST DIPHTHERIA.

This Public Health Preventive Service operates amongst the infants and children under school age, as it does for the older elements in the population.

The ultimate aim is to secure that at least 35 per cent. of the infants of the Borough are protected against the invasion of this treacherous and death-dealing disease when they reach the age of one year.

By gradually getting this age group younger and younger until the whole are found in the " one year olds " we will be also approaching the position in which we should be reasonably able to say that we have saved ourselves for the future from the risk of epidemic of one of those banes of early childhood against which we are all now redoubling our energies, viz., Diphtheria, Whooping Cough and Measles.

As a step in this direction 305 of those protected during the year were under 5 years of age, and a special letter which is sent to the parent of every child when that child reaches one year is having a useful effect.

INFANTILE MORTALITY.

In 1937 the total number of infants dying under one year of age was 46, in 1010 live births, giving a mortality rate of 45.6 per 1,000 born. For a partly industrial centre, this may be considered a satisfactory figure, the rate for England and Wales as a whole being 58, and for the larger towns of the country, among which Poole is classed, 62.

Examination of the cause of death (see Table C) as certified by the medical attendant in each case, shows that 30 of the 46 were

directly or indirectly due to some ante-natal cause affecting the mother, which prevented the child from entering the world with a fair chance to survive. In the previous year there were 32 such out of 51.

There were also 39 stillbirths not included in the above figures, and these have to be added to the toll of infant lives sacrificed to abnormal ante-natal maternal conditions, so that altogether 69 potential lives were lost on this account, as compared with 70 in 1936.

28 or 61 per cent. of the infants who died did not survive one month, and are described as neo-natal deaths. 26 of this 28 died from ante-natal causes and 23 were under one week at the time of death.

An endeavour has been made to obtain some information regarding causal factors in the 39 stillbirths reported, a "confidential" letter being sent to the signatory to the notification in each case, and the information filed.

DEATHS OF CHILDREN FROM 1—5 YEARS.

I repeat on page 12 a comparative table which shows from year to year the proportion of deaths of infants under 1 year and of children under school age. It will be seen that the reduction in loss of infant life, as indicated by the gradual fall in the percentage of infant deaths compared with the total deaths, is not, as some critics would assert, merely a postponement of death into the second year of life. The reduction on the percentage loss of "toddlers" over the period reviewed is greater than that achieved for infants, which goes to show that to whatever causes the improvements in the infant's chance of life is due, these are sufficiently sound to gain enhanced effect as the child grows older. It is not too bold a claim to assert that Maternity and Child Welfare Work is one of these causes.

Year	Population.	Live Births	Deaths under 1 year	Per cent. of Total Deaths	Deaths 1—5 years	Mean Deaths 1—5 by four-yearly groups.	Per cent. of Total Deaths	Deaths over 5 years	Per cent. of Total Deaths	Total Deaths
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1907	32518	895	68	16.3				316	75.8	417
1908	33217	880	87	19.4	43			318	71.0	448
1909	33524	933	83	17.8	40			343	73.8	468
1910	34168	884	73	16.8	43			318	73.3	434
1911	39102	936	118	21.6	45	42.75	9.0	384	70.2	547
1912	40386	918	81	17.7	28	39.00	8.2	348	76.1	457
1913	41066	910	75	16.6	23	34.75	7.4	354	78.3	452
1914	41889	883	68	14.1	38	33.50	6.9	375	77.9	481
1915	42800	812	76	14.6	38	31.75	6.6	406	78.1	520
1916	42331	840	64	12.0	43	35.50	7.1	428	80.0	535
1917	42335	690	58	11.0	40	39.75	7.7	432	81.5	530
1918	43829	680	55	9.4	36	39.25	7.2	491	84.4	582
1919	41100	769	48	9.1	21	35.00	6.4	458	87.0	527
1920	43400	1024	77	16.4	13	27.50	5.2	381	80.9	471
1921	43649	951	70	13.4	9	19.75	3.8	442	84.8	521
1922	43250	865	69	11.1	32	18.75	3.5	522	84.1	623
1923	43860	845	51	9.8	18	18.00	3.4	454	86.8	523
1924	45150	814	54	10.3	21	20.00	3.9	450	85.7	525
1925	46150	837	60	11.1	20	22.75	4.2	462	85.2	542
1926	49150	861	46	8.3	11	17.50	3.2	496	88.7	553
1927	51030	895	52	8.3	9	15.25	2.4	567	90.3	628
1928	52940	916	46	7.4	22	15.50	2.5	553	89.1	621
1929	53870	905	42	5.9	27	17.25	2.4	640	90.5	709
1930	56150	939	54	7.9	19	19.25	2.8	623	89.5	696
1931	56780	902	39	5.5	23	22.75	3.2	647	91.3	709
1932	58230	887	49	7.2	21	22.50	2.1	612	89.7	682
1933	63510	970	45	6.0	12	18.75	1.6	687	92.3	744
1934	64380	960	39	5.3	9	16.25	1.2	691	93.5	739
1935	65600	1014	45	5.9	12	13.50	1.6	709	92.5	766
1936	66820	997	51	6.3	20	13.25	2.5	736	91.2	807
1937	67990	1010	46	5.6	9	12.50	1.1	769	93.3	824

PART IV.

SCHOOL MEDICAL SERVICE.

I. STAFF AND SCHOOLS.

School Medical Officer	...	R. J. Maule Horne, M.A. (Hons.), M.B., Ch.B., B.Sc., D.P.H.
Asst. School Medical Officer		G. Chesney, M.D., B.Ch., B.A.O., D.P.H.
Ophthalmic Surgeon	...	T. R. Aynsley, M.B., B.S., D.O.M.S.
Ear, Nose and Throat Surgeon	...	C. Salkeld, B.A., M.B., B.S.
Orthopaedic Surgeon	...	N. Ross Smith, M.B., Ch.M., F.R.C.S.
Radiologist	... ...	D. D. Malpas, M.R.C.S., L.R.C.P.
Anaesthetist	... ...	J. C. A. Norman, M.R.C.S., L.R.C.P.
Dental Surgeons	...	L. B. Myers, M.B.E., L.D.S.
		R. G. S. Holmes, L.D.S.
School Nurses and Health Visitors	... ...	Miss A. L. Hooper.
		Miss L. B. Lever.
		Miss E. M. Mansell.
		Miss F. E. Morgan, resigned 29/5/37
		Mrs. H. I. Partridge.
		Miss I. Smurthwaite, appointed 3/8/37.
		Miss B. A. Sydenham.
Chief Clerk	... ...	F. B. Edwards.
Clerk	... ...	Miss K. D. Codd.

There are in the Borough 16 Public Elementary Schools under the control of the Local Education Authority with a total of 27 departments and accommodation for 7,799 children. For the year ending 31st March, 1937, the number of names on the register was 7,460 and the average attendance was 6,530.

Of the 16 Public Elementary Schools, 9 are Council Schools, with 15 departments and accommodation for 4,985 children and 7 are non-provided schools, with 12 departments and accommodation for 2,814 children.

The Russell-Cotes Nautical School, an elementary school under the control of the Local Education Committee, with accommodation for 70 boys, is situated within the Borough, but being a special school having its own Medical Officer, it does not appear in the figures relating to the School Medical Service proper.

There are in addition 19 private schools, and a survey regarding their accommodation, average number of scholars, age groups, and hygienic conditions has been carried out.

In Table VII. is given the list of schools under the Local Education Authority, with recognised accommodation and statistics of attendance.

II. CO-ORDINATION.

The fact that the School Medical Officer is at the same time Medical Officer of Health, in charge of the Borough's Maternity and Child Welfare Scheme, and Medical Superintendent of the Borough Isolation Hospitals, admits a unification of control, a continuity of effort, and a possibility of "following-up" which becomes more difficult of achievement in a community of larger numbers.

A School Medical Service is firstly preventive, secondly advisory, and thirdly remedial. In its preventive aspect, its function is to keep healthy children well, and to safeguard them where possible from unhealthy contact. In its advisory aspect, its function is to detect incipient or unrecognised ill-health in the school child, and to direct it to its proper curative guide, the family doctor. The remedial aspect takes shape in two forms—(*a*) to deal with such minor ailments as do not in themselves demand a doctor's services, but which, if left uncontrolled, may ultimately become more serious, to the detriment of educational progress, and (*b*) to organise a scheme of treatment for defects of a more specialised nature, which, though requiring expenditure prohibitive in many individual cases, yet when so organised can be economically brought within the reach of all whose health would benefit by its application.

As being special in nature, the defects require specialised treatment, hence the co-operation in the scheme of the services of the local specialist in each sphere—the Eye, the Ear, Nose and Throat, the X-Ray, the Orthopaedic and the Dental Specialist.

To carry the service into effect in as complete a manner as possible, the work is sub-divided into :—

(1) Routine and Special Inspections by the School Medical Officer, with School Nurse and clerical assistance.
(2) Class-by-class inspections by School Nurses.
(3) Clinics for advice and treatment.
(4) Following-up.

Medical Inspections. To systematise this work, all children at entrance and at fixed age periods in their curriculum are medically examined. Parents are in all cases invited to be present. Children who are found to have some definite defect or defects are scheduled as "specials" for re-examination periodically, unless in the meantime the defects which can be so corrected have been attended to either by the parent's arrangements with the family doctor, or by means of the School Clinic system in operation.

These medical inspections apply at present to Elementary Schools only.

Class-by-class Inspections. The School Nurses visit schools periodically for the purpose of making rapid surveys of general scope, such as personal cleanliness, to detect undesirable, contagious or possibly infectious conditions, and to act generally in

co-operation with the School Staff in preserving the general health tone of the Schools.

Clinics. Facilities for advice and treatment are provided as follows :—

(*a*) *Minor Ailments Clinics.*

(i) 67 Market Street. Each school day at 9 a.m.

(ii) Branksome Council Buildings. Each school day at 9 a.m.

Every child sent to the clinic by General Practitioner, by School Teacher, by School Attendance Officer, or by the parent, is seen by the School Medical Officer, who determines whether each is a suitable case for clinic treatment, and if so, arranges for treatment accordingly. If the defect is of a special nature, calling for the services of a specialist, the child in course receives attention at one of the following operative clinics :—

(*b*) *Dental Clinic.*	67 Market Street : Mondays, Wednesdays and Fridays, 2 p.m.
(*c*) *Eye Clinic.*	Room 39, The Municipal Buildings, Park Gates : each Thursday at 2 p.m.
(*d*) *Nose and Throat Clinic.*	Cornelia Hospital : each Monday morning at 10.30 a.m. with in-patient accommodation for such cases as are considered suitable for retention in Hospital.
(*e*) *Orthopaedic Clinic*	Cornelia Hospital : each Monday at 3 p.m. In-patient accommodation is provided.
(*f*) X-*Ray Clinic for Treatment of Ringworm.*	Cornelia Hospital : by appointment.

For protection against the dangers of diphtheria, the Public Health Department opened an immunisation clinic in October, 1929. This is held on Wednesdays at the Poole Minor Ailment Clinic at 10.30 a.m., and at the Branksome Minor Ailment Clinic at 2.30 p.m.

For the abnormal child—the dull or backward, the deaf and dumb, the blind or partially blind, the cripple, the epileptic, and the mentally defective—the aim is to arrange in suitable cases for admission to a special class, school or institution, where the child's disability may present the minimum of disadvantage to himself, and those around him, and offer the best chance of progress.

In July, 1935, a comprehensive orthopaedic scheme, to include within its scope both the school-child and the pre-school child, was brought into operation. As the majority of orthopaedic defects originate in infancy and early childhood, it is evident that an orthopaedic scheme which does not embrace the toddler and the pre-school child would not be in any full sense a preventive measure, and would

mean in many cases the postponement of effective treatment until the child was of school age. It is obvious that such a delay would prejudice the ultimate prognosis, and in most cases prolong the necessary course of treatment, thereby increasing the cost of the service. The part of the orthopaedic scheme which relates to school children provides for

(i) In-patient short-term treatment at Cornelia Hospital; In-patient long-term treatment at Bath Orthopaedic Hospital;
(ii) Out-patient treatment at Cornelia Hospital;
(iii) Following-up.

A Health Visitor who is also a School Nurse is attached to the Orthopaedic Clinic, and acts as liaison officer between the School Medical Service, the Child Welfare Service, and the Hospital Orthopaedic Staff.

III. SCHOOL HYGIENE.

No systematic survey of the hygienic conditions of the schools was carried out during the year, but those schools where general conditions are unsatisfactory were kept under observation, and specific defects were rectified where practicable. The hygienic and structural conditions of St. James', St. Peter's, St. Mary's and National Schools are still very unsatisfactory.

During the past year further progress has been made for the proposed re-organisation of elementary schools by the transfer of all scholars of 11 years of age and upwards to senior schools. Two senior schools, one at Wimborne Road and one at Rossmore, are being provided, each school having accommodation for 480 boys and 480 girls in separate departments, with adequate playing field accommodation.

The Rossmore Senior School will be completed in time for opening in September next, and it is expected that the Wimborne Road Senior School will be completed six months later.

A small type of senior school is to be erected to serve scholars in the Hamworthy area, and land for that purpose has already been acquired.

Upon these schools being available it will be possible for some of the old schools which have been condemned for many years as being inadequate for modern requirements to be closed, or in some cases, converted into schools for juniors and infants.

IV. MEDICAL INSPECTION.

The routine medical inspection of the three age groups (Entrants, Intermediates and Leavers) is carried out at the Schools, except in a few instances where suitable arrangements cannot be made without interfering with the school routine. The provision of a room suitable for medical inspection is considered in projected plans for new school buildings.

During the year 2,159 children were examined at routine medical inspection. Of these 837 were entrants, 673 intermediates (children of the age of 8 years), and 649 leavers (children aged 12).

Of the 2,159 children examined, 343 were found to require treatment for various conditions, exclusive of defects of nutrition, uncleanliness, and dental caries. The distribution in the prescribed age groups was 116 entrants, 122 intermediates, and 105 leavers.

The number of children presented for special inspection was 3,205, of whom 3,155 were seen at the Minor Ailment Clinics. The remainder were inspected at the schools during routine visits, or by special appointment at the School Medical Office.

V. FINDINGS OF MEDICAL INSPECTION.

A detailed list of defects found as a result of routine medical inspection is given in Table IIA, and in Table IC is recorded the number of individual children in each code group requiring treatment for defects other than uncleanliness, dental disease and malnutrition.

Uncleanliness. In two important categories, the findings of routine medical inspection cannot be regarded as a true indication of the children's actual everyday condition. The majority of the mothers make an effort to present the children to the examining doctor looking their best as regards clothing and cleanliness. In 1937, of the 2,159 children inspected none are recorded as unsatisfactory in clothing or footwear. Observations at the minor ailment clinics and at unexpected visits to the poorer schools suggest that these low figures do not reflect the actual state in respect of clothing and footwear, though it is not suggested that there is any marked deficiency. With regard to uncleanliness, no children were found to have head lice, but 140 had one or more nits, while 18 children had petechiae obviously caused by the bites of fleas. Only a few of the children found to have nits were markedly infested, the majority of the heads indicating by odour that the mother had been endeavouring to rectify the condition before presenting the child for inspection. There are a number of children who are chronic offenders, and whose parents do not willingly co-operate in the endeavour to improve the cleanliness level of the schools.

Nutrition. Of the 2,159 children examined at routine medical inspection, 24 were found to be suffering from a decided degree of malnutrition. Poverty and its consequent effect upon the family dietary were not in all cases responsible for the condition of defective nutrition found. A further 135 children were recorded as being slightly below the standard of nutrition regarded as normal. In

the absence of any convenient and scientifically accurate mode of assessment, the "normal" standard must necessarily vary with the opinion and perspective of the examining medical officer.

Diseases of the Skin. Seven cases of skin disease, including one case of scabies, were found at routine medical inspection. All were referred for treatment.

Visual Defects and External Eye Disease. 62 cases of defective vision and 23 cases of squint were referred to the special ophthalmic clinic for treatment, and five children suffering from external eye disease were passed to the minor ailment clinics for attention.

Defects of the Nose and Throat. 50 children with hypertrophied or unhealthy tonsils, 38 with septic or obstructive adenoids, and 142 cases in which both tonsils and adenoids were affecting the child's health, were found and referred for treatment. In addition 58 cases were noted for observation. 38 cases of cervical adenitis were recorded, the majority being associated with unhealthy tonsils and adenoids.

Ear Disease and Defective Hearing. Three cases of active disease of the internal ear were found. A history of otorrhoea or intermittent deafness was noted in many of the cases referred for treatment of unhealthy tonsils and adenoids.

Dental Defects. The figures given below are the results of the School Medical Officer's inspection, not of the Dental Specialists, and are given to show the general trend of the results.

Percentages with	1933	1934	1935	1936	1937
All teeth sound	41.5	39.3	42.9	42.0	43.8
1—3 Defective	35.9	38.8	37.1	34.6	33.6
4 or more Defective ...	22.6	21.9	20.0	23.4	22.6

The round 20 per cent. at the bottom of the scale are to a great extent "irreconcilables," who are likely to remain in spite of advice and teaching. Apart from these irreconcilable objectors, inspection shows that even by the age of five years the temporary teeth have been the victims of injudicious training and diet to such an extent as seriously to interfere with successful effort on the part of the dentists to preserve them. Education of the parent in the sphere of child welfare has not up to the present penetrated sufficiently with regard to suitable diet for and care of the milk teeth.

It is gratifying to note that whereas in the entrants' group only 37.1% have all teeth sound, with 33.1% showing 4 or more

carious, in the leavers' group 62.6% have a sound set of teeth, and only 4.9% showed 4 or more carious.

The following figures for the year show both the high ratio of decay in the young children and the desirable results of the Dental Service in the older scholars.

	Entrants	Intermediates	Leavers	Total
Examined ...	837	673	649	2159
Teeth sound ...	37.1%	34.0%	62.6%	43.8%
1—3 decayed ...	29.7%	39.4%	32.5%	33.6%
4 or more decayed ...	33.1%	26.6%	4.9%	22.6%

Orthopaedic Defects. One case of rachitic deformity, and two of spinal curvature, and six other orthopaedic defects were found and referred for treatment at the orthopaedic clinic. One case was noted for observation.

Heart Disease and Rheumatism. In one child a stationary cardiac lesion was found, but no treatment was considered necessary. Two cases of functional disturbance were advised to obtain treatment.

Tuberculosis. Eleven children were found to be suffering from simple bronchial catarrh requiring treatment, but no definite or suspected case of pulmonary tuberculosis was seen at routine inspection. Two children with chronic tubercular cervical adenitis, and one case of lupus, were found and dealt with.

Diseases of the Nervous System. Four children were found to be subject to epileptiform attacks. Three were referred for treatment and one was noted for observation. Two cases of chorea and one case of habit spasm were found to require treatment.

Other Defects and Diseases. In thirteen children other defects were noted for treatment, among these being herniae (umbilical and inguinal), intestinal stasis, dyspepsia, and thyroid enlargement. Three cases showed evidence of mental deficiency and were noted for special examination.

Vaccination. In accordance with the instructions on vaccination issued by the Ministry of Health, one or more marks are accepted as evidence of effective vaccination. In 1937 :—

of 837 entrants examined, 12.7 per cent. were found to be vaccinated ;

of 673 intermediates, 15.0 per cent. were found vaccinated;

of 649 leavers, 22.0 per cent. were found vaccinated.

VI. FOLLOWING-UP.

At the School Medical Inspection, the parents of children found with minor defects are given verbal instructions regarding the necessary treatment, and in suitable cases the children are referred to the Minor Ailment Clinics. More serious defects are followed up by a formal printed notice to the parents. Dental cases are referred to the Dental Clinic. Cases of unhealthy or enlarged tonsils and adenoids are admitted to the Cornelia Hospital for operation under the School Medical Scheme, and orthopaedic defects are dealt with at the Authority's Orthopaedic Clinic at the Cornelia Hospital.

Defective children are re-inspected by the Medical Officer at the school as "specials" and the notice to parents regarding treatment is sent a second time if it is found that no steps have been taken to deal with the defect.

A "following-up" card is issued to the School Nurse in respect of each child ascertained to be suffering from a special defect, and periodic visits are made to ensure that the child is receiving the treatment necessary for its special condition. Defects discovered at the Child Welfare Clinics are similarly kept under the observation of the Health Visitor, and a continuous record of the child's defect through its pre-school and school years is thus maintained.

Unaccountable absences from school are followed up by the School Attendance Officers, and many of these absentees are subsequently referred to the clinics.

The School Nurses paid 212 "rapid inspection" visits to the schools, covering in these inspections 27,026 children, and passing on to the appropriate clinic for necessary advice or treatment 333 of the children.

VII. MEDICAL TREATMENT.

The Minor Ailment Clinics at Poole and Branksome are open from 9 to 10 a.m. each school day. Children are referred to these clinics from the school medical inspections, from the schools by the School Nurses or Head Teachers, by the Attendance Officers, or are brought by their parents. Minor ailments are attended to by the Medical Officer and the Nurses, and special defects are referred to the appropriate clinic or the hospital, while general medical or surgical conditions are referred, as a rule, to the family doctors, and in certain special cases to the hospitals.

During the year 2,308 individual children attended the Minor Ailment Clinics. These children made 3,081 first attendances for the treatment of a minor ailment or for special inspection or advice, and 9,765 subsequent attendances were made for treatment. The total number of attendances at the clinics was 12,846.

Uncleanliness. During the year the School Nurses made an average of five visits to each school for inspection of the children with regard to uncleanliness. In these visits 26,401 children were inspected. 311 children were found to be unclean on account of infestation by the head louse or its eggs, the majority when detected harbouring nits only. 48 children were excluded from school until the condition had been rectified, and 67 attended with their parents at the Minor Ailment Clinics for advice as to the most appropriate means of effecting cleansing. Special combs are kept at the clinics, and are lent out when necessary. Repeated instructions have been given to the parents regarding the methods of dealing with this uncleanly condition.

Minor Ailments and Diseases of the Skin. Three cases of ringworm of the scalp were treated, and four apparently cured children were kept under observation. Ringworm of the body was treated in 3 children, and 3 cases in which the diagnosis was in doubt were kept under observation. 6 cases of scabies were dealt with, and 7 suspected cases were kept under observation. 72 children were treated for impetigo, and 175 cases of other skin diseases or defects came under notice during the year, of which 161 were treated, and 14 kept under observation.

Visual Defects and External Eye Disease. 120 cases of minor eye defects were dealt with at the minor ailment clinics, the majority being blepharitis, conjunctivitis and minor eye injuries.

The number of children referred for the first time to the Refraction Clinic was 178. Of these 115 actually attended. A further 229 children who had in previous years been provided with glasses were notified to attend for a re-test, and 165 actually attended for re-examination of their sight. 359 defects were dealt with, including 40 cases of squint, 50 myopia, 72 myopia and astigmation, 97 hypermetropia and 66 hypermetropia and astigmatism. Of the above, spectacles were prescribed for 191, of whom 181 obtained glasses or new glasses. After the provision of spectacles, parents are advised to bring the child to the school clinic so that the fit and suitability of the glasses may be confirmed.

Dr. T. R. Aynsley, the Ophthalmic Specialist to the Education Authority, reports as follows :—

> " The arrangements made for the testing and retesting of children for glasses, and the following up of cases where glasses have been ordered to see that they are obtained, appear entirely satisfactory. One class of child is not at present adequately treated—the squinting child. In the light of modern knowledge it can be said that the work of curing a squint and preventing the development of blindness in the squinting eye only *begins* when glasses have been ordered. Generations of children have been allowed to grow up with a

" lazy eye " which is almost useless to them, but it is no longer necessary that such a condition should persist. I strongly recommend that in Poole a squint-training clinic should be organized. The expense of providing instruments and staffing the clinic by a part-time orthoptist would not be high, and it is probable that each year in this way about 50 eyes which otherwise would have become almost blind from disuse would have useful function restored to them.

T. R. AYNSLEY,
M.B., B.S., D.O.M.S.

Nose and Throat Defects. Defects of the nose and throat were dealt with in 434 children. 318 children were referred to the Cornelia Hospital for operative treatment under the School Medical Service Scheme for unhealthy or obstructed tonsils and adenoids. Of these 231 actually attended and received operative treatment. An additional 4 cases received operative treatment by private arrangement with the hospital.

A conservative attitude towards operative interference has been adopted, but the number of cases found to require operative treatment to cure or prevent affections of the upper respiratory passages has not diminished.

Ear Disease and Defective Hearing. Defects of the ear and hearing were treated in 72 cases. Cases of chronic otitis media were referred to the Aural Surgeon at Cornelia Hospital, and where indicated, tonsils and adenoids were removed with a view to clearing up the condition.

The report of the Ear, Nose and Throat Surgeon is as follows :—

The conditions chiefly dealt with have been :—Nasal obstruction, mouth breathing resulting in deformity of the jaws, middle ear suppuration and mastoid disease, recurring tonsillitis, deafness, enlarged glands of neck due to tonsil sepsis or tubercle. In the majority of these cases the treatment is the removal of dieased tonsils and adenoids. Until some means is found of preventing or eliminating infection of these structures, surgical removal is the only certain remedy. Objection to operation by parents is now a rare event.

The procedure adopted is removal of tonsils by dissection and clearing away every trace of adenoid tissue. Other less common troubles treated have been mastoid disease, nasal obstruction not due to adenoids, nose-bleed and nasal sinusitis. Diphtheria carriers have been successfully treated by removal of tonsils and adenoids.

From the preventive point of view I believe these operations will greatly reduce the amount of deafness and secondary effects of focal sepsis in the E.N.T. area.

C. SALKELD,
M.B., B.S.

Dental Defects. 540 children attended the Minor Ailments Clinic regarding dental treatment. This is continued testimony to the popularity of the clinic for a usually distasteful proceeding.

The Dental Surgeons inspected at the schools 6,627 children, of whom 3,975 were ascertained to require treatment. Altogether, 1,308 actually attended the dental clinic for treatment, making 2,132 attendances. There is not included in these figures a proportion of children whose parents, on the information and advice gained by the inspections, obtained dental treatment otherwise than through the School Dental Clinic.

Analysis of the ages of children inspected by the dental officers, and the proportion requiring treatment, is given below :—

Ages	5	6	7	8	9	10	11	12	13	14	Total
Inspected	583	699	744	816	813	796	720	649	652	155	6627
Referred for treatment	310	409	449	477	473	483	426	396	434	118	3975
Percentage requiring treatment	53.2	58.5	60.3	58.5	58.2	60.7	59.2	61.0	66.6	76.1	60.0
Percentage in 1936	60.3	58.9	57.8	61.1	58.4	56.4	54.9	61.6	67.4	68.9	62.8

Mr. Myers, the Senior Dental Surgeon, reports as follows :—

I have again the honour to present the Report of the School Dental Clinic for 1937, and in doing so have pleasure in recording that there has been a general increase in the work accomplished.

I hope to start the new clinic at Branksome in September, and this should further increase the attendances, as the children living around that district will not have so far to go for treatment, and so the parents' expenses will be lessened.

(signed) LANCE B. MYERS,
L.D.S., R.C.S., ENG.

Orthopaedic and Postural Defects. 40 cases of orthopaedic defect were seen at the minor ailment clinics, of whom 28 were referred for treatment and 12 were kept under observation at the clinics. 112 cases of orthopaedic defect in school children were treated at the Orthopaedic Clinic at Cornelia Hospital during the year. Of these 9 cases were admitted for residential treatment.

The conditions dealt with in these cases are shown below :—

Congenital defects	20
Traumatic deformities	7
Rachitic deformities	7
Paralytic deformities	23
Postural defects	52
Miscellaneous bone defects	3
Total ...	112

The report of the Orthopaedic Surgeon on the year's work is as follows :—

The Orthopaedic Clinic has again worked satisfactorily during the past year. Nearly all the cases accumulated in the area of the Borough before the scheme came into operation have now probably been seen and treatment either begun or completed. During the past year the number of new cases has been considerably reduced and the number can probably be regarded as the normal for the future for new cases coming each year. The majority of the parents or guardians of the children have continued to co-operate loyally in the treatment of the children ; but a few of them do not co-operate and make it difficult or impossible to care for the children adequately.

The need for a Voluntary Cripples' Welfare Association in the Borough still exists. Such an association is needed to supplement the work of the Cornelia Hospital, the school and child welfare medical officers and the doctors and nurses practising in the Borough in discovering cripples ; to take care of the social aspect of the work and to raise funds for the treatment, after-care and vocational training and employment of cripple children over school age and for adult cripples, for most of whom the Public Authority is not responsible. The hope expressed last year that some public-spirited persons would come forward to start an association of this kind is repeated.

N. Ross Smith, M.B., CH.M., F.R.C.S.

Heart Disease and Rheumatism. 3 cases of organic heart disease and 10 of functional derangement were seen at the clinics. There were also 21 cases exhibiting rheumatic symptoms. They were referred to hospital or to the family practitioner for treatment.

Tuberculosis. The Dorset County Council is the authority responsible for the treatment of all forms of tuberculosis, and actual or suspected cases are referred to the County Dispensary, King Street. 5 suspected cases of pulmonary tuberculosis were seen at the minor ailment clinic during the year and 6 non-pulmonary cases were dealt with. The opinion of the Tuberculosis Officer is obtained before allowing the attendance at school of a tuberculous child.

Nervous System. Three cases of epilepsy and petit mal, six cases of chorea, and 11 other nervous diseases were dealt with during the year.

Other Diseases and Defects. 857 cases of sores, bruises, chilblains and minor injuries were treated during the year. 184 children attended on account of infectious disease, the majority being convalescents brought by their parents for examination prior to their return to school, and 85 cases of feverish cold presented themselves and were referred elsewhere for treatment. In 104 cases, parents consulted the Medical Officer regarding their children's health, the children being at the time well, but presenting some health problem regarding which the parent required advice.

VIII. INFECTIOUS DISEASES.

Through the intimate co-ordination between the School Medical Service and the Public Health Department, an efficient follow-up is maintained in all cases of infectious disease notified. The school nurses are early informed by the head teachers when a case of illness suggestive of an infectious disease occurs in a school child, and appropriate steps are taken to safeguard the school community.

During the year the incidence of infectious disease amongst school children has not been exceptional. During January and February chickenpox and catarrhal colds were prevalent in several of the infant schools, and 5 low attendance certificates were issued on this account.

The incidence of scarlet fever, was about the same level as that for the preceding two years, 44 cases occurring in school children compared with 42 cases in 1936 and 41 in 1935. Of the 44 cases, 8 were children attending private schools in the Borough, and 4 occurred at a special open-air school which receives from London and district debilitated children, the infection being "imported." The remaining 32 cases were public elementary school children. The disease was of a mild type, and there were no deaths. It was not confined to any particular area of the Borough, but showed a wide and general distribution.

Diphtheria incidence has remained at a low level, being 0.14 per 1,000 population. Only 10 cases occurred during the year, all being children of school age. Five of these cases came from the Shaftesbury Home of Recovery, Parkstone, the infection being imported from the London district. The type of the infection, as measured by the mortality, was severe, 2 deaths occurring in the 10 cases. None of the children attacked had received diphtheria immunisation. Three virulent nasal carriers were discovered and dealt with.

Swabs of nose or throat were taken at schools or school clinics during the year. The carrier rate was exceptionally low.

Diphtheria immunisation, commenced in October, 1929, has been actively continued during the year, 826 children being dealt with at the clinic. In the absence of epidemic diphtheria, it is increasingly difficult to interest the parents in the vital question of protection against possible future danger. The stimulus of parental anxiety is lacking, and in the absence of fear, indifference flourishes. Hence it is gratifying that, in spite of the continued low incidence of the disease in the borough, the number of children brought to the immunisation clinic has not steeply declined.

A special report on research work carried out at the immunisation clinics is given in Section XVIII of this report.

IX. OPEN-AIR EDUCATION.

There are no open-air schools in the Borough, but in the proposed plans for new schools and in recent additions and alterations to existing schools the aim has been to approach as nearly as practicable the open-air type of school building. In some schools during favourable weather, classes are held in the playgrounds.

X. PHYSICAL TRAINING.

In April, 1937, the County Organisers of Physical Training began part-time service in the schools of the Borough. The following is an extract from their report :—

> " There is a spirit of great keenness and co-operation amongst the teachers in the schools which was very noticeable in the large and regular attendance at the two courses of training arranged by the Organisers.
>
> " In most schools the ' daily lesson,' so strongly advocated by the Board of Education, is the rule and most schools are now supplied with apparatus enough to make that lesson most effective and to permit of a wide variety of activities.
>
> " In some necessitous cases light rubber-soled shoes for the Physical Training lesson have been supplied by the Committee, but lack of suitable footwear, especially during the winter months, is still our greatest handicap. Many teachers made valiant efforts to overcome this difficulty, but still many valuable exercises have to be left out because they are dangerous to perform whilst wearing heavy shoes or, in the case of boys, heavy hob-nailed boots.
>
> " The Municipal Gymnasium has been opened for the use of those schools situated near enough to get there without undue time being used in travelling. This permits of a great variety of exercise being done and of the inclusion of dancing.
>
> " Mention must be made of the excellent work of the

Poole Elementary Schools Athletic Association. Many teachers give up their leisure time to the varied activities of the Associaiton."

A. B. CAMPBELL.
H. GRIMWOOD.

Mr. E. Bull, hon. secretary of the Poole Elementary Schools' Athletic Association, reports :—

"The athletic association was formed in 1923 for the promotion and supervision of all sport connected with the schools of the Borough. Besides this main object was the desire to inculcate into all scholars the ambition to obtain a healthy body which naturally leads to a healthy mind. The officials claim that so far they have succeeded, as the improvement in all games, also the general physique of the children, prove their assertion. The activities are many—each year the matches number about 500 football, 100 cricket, and 144 netball. In addition an Annual Sports Day is held where approximately 1,100 boys and girls compete. A special item is the "March Past" of the competitors. We were the first association in England to have this spectacular item. A Swimming Gala finishes the season's work—between three and four hundred children take part. A competition is held to ascertain the finest boy and girl athlete—the trophies being greatly coveted by the schools. The work is carried on by the teachers from a purely voluntary standpoint. Many thanks are due to the Town Council and the Borough Officials for their kind co-operation and their valuable help in many ways."

XI. PROVISION OF MEALS.

Under Section 84 of the Education Act, 1921, milk and wheaten biscuits were supplied as in previous years to necessitous children who are unable by reason of lack of sufficient nourishment to take full advantage of the education provided for them, the selection of children for a free issue being made by ascertainment by medical inspection. In certain cases the issue of milk and biscuits is repeated in the afternoon, and in a few more marked cases of ill-nourishment this is supplemented by cod liver oil and malt twice daily. The number of children to whom free milk and biscuits are issued varies from month to month, but may be taken as an average of 500.

In addition to the free issue of milk to necessitous malnourished children in elementary schools, milk is also available under the Scheme of the Milk Marketing Board, at a reduced rate to any other children desiring milk, the milk being supplied under arrangements made by the teachers, and approved by the School Medical Officer.

These added facilities have resulted in a fourfold increase in the consumption of milk in the elementary schools. All milk supplied to the schools is pasteurised.

XII. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

Co-operation of Parents.—The parents of all children are requested to attend at the routine medical inspections, so that in case of abnormal conditions an accurate history of the defect can be ascertained and suitable advice given.

The interest taken by the parents in this work for the maintenance of the health of childhood continues, as shown by the following table, which indicates a steady increase in the number of parents attending the routine inspections.

PERCENTAGE OF ATTENDANCE OF PARENT OR GUARDIAN.

	1932	1933	1934	1935	1936	1937
Entrants ...	70.5	76.6	69.2	79.7	78.9	75.9
Intermediates	53.9	59.8	57.6	61.9	62.3	58.3
Leavers ...	29.5	32.7	31.9	31.3	35.8	30.4

A large number of parents accompany the children referred to the Minor Ailment Clinic, and in the majority of cases show keen interest in the welfare of their children and in the efforts of the school medical staff to attain and maintain a high standard of fitness in the children under their care.

Co-operation of Teachers.—There is close co-operation between the School Medical Service and the teachers. The lists of children for routine medical inspection are submitted by the teachers, and children presenting evidence of special defect are reported by them to the department, or referred to the school clinic for inspection. Reports on cases of suspected mental deficiency are submitted for the attention of the medical officer, and on all matters relating to the health and cleanliness of the children the assistance of the teachers can be relied upon.

Co-operation of School Attendance Officers.—The Attendance Officers work in close touch with the medical service. Consultations regarding individual children are frequent, and all exclusions from school are reported daily by the department to the attendance officers, who in turn report to the medical officer or school nurse cases of sick children absent from school who are not receiving medical attention, and in suitable cases arrange for their attendance at the minor ailments clinics.

Co-operation of Voluntary Bodies.—Voluntary organisations

which are engaged in work associated with the welfare of school children are the Council of Social Service, the National Society for the Prevention of Cruelty to Children, The Poole Post-War Brotherhood and The Rotary Club.

The Local Inspector of the N.S.P.C.C. is always willing to co-operate with the department in dealing with cases of medical neglect, and carefully follows up all children reported to him, thereby rendering great assistance in dealing with difficult and careless parents. During the year the Inspector investigated in the Borough 40 new cases, affecting the welfare of 102 children. 167 supervision visits and 254 miscellaneous visits of enquiry were made in connection with these cases. 86 of the children concerned were of school age. In some cases, advice only was required ; in others, the parents were warned, and the families kept under supervision until the condition of the children and the homes was considered satisfactory. In two cases, legal proceedings under the Children and Young Persons Act, 1933, were taken, in one case the father being sentenced to three months' hard labour for ill-treatment, and in the other the mother receiving two months' hard labour for neglect.

The Children's Holiday Fund of the Poole Post-War Brotherhood arranges Summer Camps, and, during 1937, 62 school boys were sent to Fort Garner Camp for ten days and 60 school girls were given a holiday at private homes at Hedge End and Salisbury. 54 children were supplied with boots and shoes and others were fitted out with articles of clothing. The clothing and footwear were supplied to any children who through lack of these would have been unable to take advantage of the holiday offered. These children were medically inspected by the School Medical Officer before proceeding to the holiday camps.

The Swanage Red Cross Children's Memorial Hospital received during the year nine delicate children of school age for a period of convalescence averaging 33 days, the parents contributing by arrangement.

The Poor Children's Breakfast Fund organised by the Westbourne Congregational Young Men's Class distributed over 200 pairs of footwear.

The Poole Rotary Club has in operation a scheme whereby in necessitous cases transport is available for children on admission to or discharge from hospital, and indirectly, through the Council of Social Service, assists needy children in various directions.

XIII. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III gives particulars of all exceptional children of school age in the area. A register is kept of all such children and on a special defect card is recorded all information obtained regarding

each case. New cases are ascertained by the medical officers in the course of their inspections, and by the school nurses. The attendance officers and the teachers also notify to the department any cases coming to their notice.

There are in Poole no special schools for blind, deaf, mentally defective, and epileptic children, and there are no special classes for dull or backward children in the borough, but in two of the larger schools classes have been formed in which retarded children attending these schools are given the individual assistance in their studies which they require. The formation of additional classes for educationally defective children is urgently needed.

As there is not in the borough a sufficiency of teachers with the necessary training to fit them for the special instruction of dullards, financial provision has been made for the preparation of suitable teachers already on the staff of the Local Authority for this specialised form of education, so that a supply of trained staff may be available when required. Several teachers have attended special courses of instruction and study with this object in view.

Institutional arrangements for the deaf, dumb and blind are in force, and at present two children are at schools for the deaf. Three children are at a school for the blind, and one blind child is attending hospital for treatment, prior to admission to a special school. Two children are at special schools for the care of severe epilepsy, and two crippled children are at an orthopaedic special school.

During the year 18 children were examined for mental abnormality. All these, excepting those so grossly defective as to be incapable of responding to such an examination, were tested by Burt's Revision of the Binet-Simon Tests for general intelligence and by performance tests. Of these children 7 were notified to the Local Authority for Mental Deficiency, one of whom was a " special circumstances " case. 10 were certified as being feeble-minded, and two were found to be dull.

The necessity for the complete ascertainment of all mentally defective children in the area is recognised so that efforts may be made to provide for these children the education, training or care best suited to each individual case.

An Occupation Centre for children whose degree of mental deficiency is such that they are unable to profit by instruction in a special school or class was begun in Poole in 1936 by the Dorset Voluntary Association for Mental Welfare. About thirty imbeciles and low grade morons are at present in attendance. Some of the children have made considerable progress.

XIV. NURSERY SCHOOLS.

There are no nursery schools, but at most of the infants schools there are what might be described as nursery classes, where children under five are taught and cared for. In the denser parts of the Borough it is found that the majority of the children are sent to school about the age of 3½ to 4 years, and although from the educational point of view the wisdom of this early start may be debated, there is no doubt that the earlier a child comes under the supervision of the School Medical Service, the greater is the opportunity for the correction of existing defects.

In the nursery classes, the work is essentially very elementary and its value is more social than educational. Some schools have made provision for a period of rest for the youngest in the afternoon, and an extension of these arrangements to all nursery classes would be beneficial.

XV. SECONDARY SCHOOLS.

The School Medical Service does not embrace the two Grammar Schools in the Borough, the routine medical inspection of the pupils of these schools being up to the present under the control of the County Council, which is the authority for Higher Education.

XVI. PARENTS' PAYMENTS.

The Scheme of Charges for Clinic Treatment based on a scale of income and approved by the Board of Education is as follows :—

Conditions as to Free Treatment and Payment. Treatment at all Clinics is provided FREE for families where the weekly income from all sources is below the following figures :—

	No. of Children under 16 years.						
	1	2	3	4	5	6	7
Where both Parents or Guardians are alive	£1 10s.	£2	£2 10s.	£3	£3 10s.	£4	£4 10s.
Where one Parent or Guardian is alive	£1 5s.	£1 15s.	£2 5s.	£2 15s.	£3 5s.	£3 15s.	£4 5s.

For families where total weekly income is above these amounts, the following CHARGES per child are made, PAYABLE IN ADVANCE.

1. *Minor Ailments.* Free for first fortnight. Thereafter 1/- for three months' treatment.

2. *Provision of Spectacles.* Cost of spectacles.

3. *Dental Treatment.* Sixpence per attendance, or 1/- for two or more necessary attendances.

4. *Tonsils and Adenoid Treatment.* Tonsils alone, 5/-. Combined treatment, 7/6.

5. X-*Ray Treatment of Ringworm*, 5/-.

The charges for Orthopaedic Treatment under the Authority's Scheme are as follows :—

Weekly Income from all sources after deducting 5/- for each child under 14.					Per week.
In-Patients.					
(a)	Up to £1/10/0	...	...	...	Nil
(b)	Over £1/10/0	and up to	£2	...	1/6
(c)	,, £2	,, ,,	£2/10/0	...	2/6
(d)	,, £2/10/0	,, ,,	£3...	...	5/-
(e)	,, £3	,, ,,	£3/10/0	...	7/6
(f)	,, £3/10/0	,, ,,	£4/10/0	...	15/-
(g)	,, £4/10/0	...	...	...	by individual case consideration.
Splints and Appliances.					
(a)	Under £1/10/0	...	...	...	Nil
(b)	Over £1/10/0	and up to	£2	...	10%
(c)	,, £2	,, ,,	£2/10/0	...	20%
(d)	,, £2/10/0	,, ,,	£3...	...	30%
(e)	,, £3	,, ,,	£3/10/0	...	50%
(f)	,, £3/10/0	...	...	...	Whole.

The amounts received in reduction of the gross cost of the School Medical Service during the years 1933, 1934, 1935, 1936, and 1937 have been £27 4s. 6d., £31 1s. 6d., £25 11s. 4d., £27 6s. 6d. and £25 0s. 0d., respectively.

XVII. HEALTH EDUCATION.

Copies of the following are in possession of all Elementary School or Department Heads :—

Handbook : " Hygiene of the Mouth and Teeth," issued by the Dental Board of the United Kingdom.

Handbook : " Suggestions on Health Education," issued by the Board of Education.

Easily assimilated books of practical advice prepared by the Health and Cleanliness Council—" Keep Fit " for boys and " Health and Beauty " for girls—are being distributed via the School Dental Clinics to the elder children.

Details of Health Education Propaganda will be found in the Public Health Section of the Annual Report.

XVIII. SPECIAL REPORT.

DIPHTHERIA IMMUNIZATION.

THE OPTIMUM SPACING OF THE DOSES OF ALUM-PRECIPITATED TOXOID.

(by George Chesney, M.D., D.P.H., Deputy Medical Officer of Health, Poole.)

In the Annual Report for 1935 I recorded the results obtained with two small spaced doses of alum-precipitated toxoid in immunization against diphtheria, and recommended this procedure as simple, safe, and efficient, to be used in preference to the one-dose method which at that time was being widely advocated. It is therefore interesting to note the recommendations of a sub-committee of the Society of Medical Officers of Health appointed to examine the present position of prophylactics against diphtheria with special reference to one-dose immunization by alum-precipitated toxoid. This Committee recently expressed the opinion that " The bulk of evidence appears to show that single injection A.P.T. prophylaxis is not a sound immunological procedure in any normal area. Even the immediate results are not of sufficient merit for the method to be regarded as a justifiable one in any normal community. If A.P.T. is used, immunization by at least two doses appears to be necessary."

In Poole, where this procedure has been used exclusively since March, 1935, very satisfactory results have been obtained. I have found that with two small but well-spaced doses of A.P.T. a high Schick negative rate is consistently obtained (Chesney, 1936 and 1937), and if it is accepted that the Schick negative state is for practical purposes the objective in immunization, then it can be asserted that this method attains its object.

There are two main factors which contribute largely to the success of the two-dose method. The first is the prolonged immunizing action of A.P.T. As this relatively insoluble preparation is very slowly absorbed from the injection site, its stimulus is continous for several weeks until absorption is complete. Frequently, three or four weeks after injection, a small nodule is still palpable at the site. That this " depot " contains toxoid has been demonstrated by animal experiments, the nodule, if excised, ground up, and re-injected into an animal, being capable of producing immunity by reason of the antigen still contained in it (Glenny, Buttle & Stevens 1931). As the nodule ultimately disappears, it seems reasonable to assume that the toxoid in it exercises an antigenic stimulus until it is completely absorbed. During this time, the body cells are being trained to produce antitoxin, though the actual amount of circulating antitoxin produced by the primary injection may not be high. I have noted that, if non-immune children are given a primary dose of 0.1 or 0.2 cc. A.P.T., and Schick-tested two weeks later, an apparently unmodified Schick reaction results, the amount of circulating antitoxin produced in two weeks by this dose being insufficient to interfere with the production of a positive reaction.

With a single subcutaneous injection of aluminium hydroxide toxoid, Jensen (1937) found that in children antitoxin production started between the tenth and the twenty-first day, and that the antigenic stimulus was continuous for at least three to four weeks. He recorded that, with the preparation used, a single injection—irrespective of the dose given—caused a detectable production of antitoxin in 95 per cent of the cases treated, and he made the interesting observation that " If considered in relation to the doses of the antigen preparation, it is clear that the larger doses do not result in a conspicuous improvement in the effect." This observation indicates the value of the small initial dose of 0.1 cc. or 0.2 cc. as a primary antigenic stimulus, quite apart from its use as a detector of hypersensitive persons, and

suggests that there is no immunological advantage in giving 0.5 cc. as an initial dose and thereby risking a sharp reaction in an untried subject.

The second factor which contributes to the good results with the two-dose method is an adequate spacing of the doses, the second dose being given at the optimum interval to secure a maximum response in antitoxin production. As the primary dose continues its training of the body cells for at least three to four weeks, the second dose should not be given, except in special circumstances, until at least four weeks have elapsed. This injection, acting on the already trained immunizing mechanism, causes what O'Brien describes as an " explosive and massive production " of antitoxin and its action, like that of the primary stimulus, also continues for several weeks.

It is a well known immunological fact that, with a given quantity of antigen, a better immunizing stimulus is obtained by dividing the prophylactic into two or more doses and injecting at intervals than by giving it all in a single dose. Prigge (1937) referring to this " fractionated inoculation " emphasises the need for adequate spacing between the doses. In view of Jensen's observations regarding the period during which A.P.T. continues its immunizing stimulus, it would appear that the value of the two-dose method is considerably reduced if the spacing between the doses is less than three weeks.

Recently Pöch and Schmid (1938) have shown by antitoxin titrations of blood samples that in children two small but adequately spaced doses of A.P.T. result in a much higher production of circulating antitoxin than a single dose of several times the total volume of the two doses. In children who had no appreciable antitoxin in the blood they gave two doses of 0.1 cc. at an interval of four weeks, and four weeks later estimated the amount of antitoxin per cubic centimetre of blood. They found that in 72 per cent. there had been a good response, in 18 per cent the response was slight, and in 10 per cent. there was no appreciable change. In children treated with a single dose of 0.5 cc. they found that four weeks later only 31 per cent. showed a satisfactory amount of antitoxin, in 7 per cent. the response was slight, and in 62 per cent. there was no definite change. When, however, a dose of 1 cc. divided into two injections of 0.5 cc. was given simultaneously in different parts of the body, the response in antitoxin production was more satisfactory, 61 per cent. showing a good rise in antitoxin, 31 per cent. giving a slight response, and 8 per cent. showing no appreciable change.

As in the method I have used, the total volume of A.P.T. injected is 0.7 cc., 0.2 cc. being given as the primary dose and four weeks later 0.5 cc. as the secondary stimulus, it may be assumed that the immunizing response is better than that obtained by Pöch by the injection of a volume of 0.2 cc. given in two doses of 0.1 cc. with a four weeks interval. In six children, who before treatment were non-immune as indicated by a positive Schick test, and whom I treated with the routine two doses of A.P.T. at an interval of four weeks, the blood antitoxin content was estimated two months after the second dose, and in each case a satisfactory amount of antitoxin was found, the highest titre being 1/2 antitoxic unit per cc. and the lowest 1/50th, the remainder having 1/5th A.U. per cc. in three cases and 1/25th in one case. These results may be regarded as an indication of the general trend of antitoxin production, though no serious conclusion can be drawn from such a small number of tests, but the results of Schick-testing over fifteen hundred children two months after the second dose show that a satisfactory level of immunity is produced. A ' four fold ' Schick reagent was used in over 63 per cent. of these tests and a high negative rate was obtained with this reagent, which marks a higher level of immunity than that indicated by the ordinary Schick-test in routine use in this country.

By the end of 1937, a group of 1934 children of whom 1,656 were under ten years, and some 700 under five years old, had been treated by A.P.T. given in two spaced doses. In children under 10 years, 0.2 cc. was given as the

first dose, followed four weeks later by a dose of 0.4 or 0.5 cc., if no appreciable reaction had resulted from the primary detector dose. In cases which showed any reaction to the initial detector dose, the second dose was reduced in proportion to the amount of reaction. In children over ten years, the primary dose was 0.1 cc., as in this age-group sharp reactions to A.P.T. are less infrequent than in younger children. With this procedure the reaction difficulties encountered were negligible.

Children under 10 years were not Schick-tested, as apart from the high Schick-positive rate in untreated children in this area I consider it a sound practice with young children to increase by artificial stimulus any existing natural immunity. Parish and Wright (1938) have shown that many children who are Schick negative on primary test may have a 'border line' immunity, and the raising of the level of resistance in such cases is not only desirable but may be necessary. The policy of Schick testing children before immunization and deciding on the test results whether or not to immunize is open to serious question.

Schick tests were carried out in 1,555 children two months after the injection of the second dose, and only 6 cases showed a positive reaction. These results are all the more satisfactory in view of the fact that the 'four-fold' Schick reagent was used in 983 cases, the ordinary standard Schick test being used in the remaining 572 children. If the Schick test is accepted as the practical indication of immunity to diphtheria this negative rate of over 99.6 per cent. may be regarded as evidence of the efficiency of this two-dose method of immunization.

Conclusion.

Two small but well-spaced doses of a reliable alum-precipitated toxoid give a very high rate of 'Schick immunity,' 99.6 per cent. of 1,555 children being found to be Schick-negative two months after treatment with two doses of 0.2 and 0.5 cc. given at an interval of four weeks. A fourfold Schick reagent indicating a high level of immunity was used in 983 cases, the ordinary Schick toxin being used in the remaining 572.

I wish to express my thanks to Dr. R. A. O'Brien for supplies of the four-fold Schick reagent and to Mr. A. T. Glenny for carrying out the blood titrations.

References.

Chesney G. (1936). B.M.J. **1**, 208.
— (1937). B.M.J. **1**, 807.
Glenny, A. T., Buttle, G. A. H. & Stevens, M.F. (1931).—J. Path. & Bact. **34**, 267.
Jensen, C. (1937) Proc. R. Soc. Med. **30**, 71.
Parish, H. J. and Wright, J. (1938) The Lancet **1**, 882.
Pöch, G. and Schmid, E. (1938) Z. Immun. Forsch. **93**, 99.
Prigge, R. (1937) Deutsch. m. Wschr. **23**, 894.

DIPHTHERIA IMMUNIZATION, POOLE 1929-1937.

Year	Prophylactic.	Number of children treated.	Number of doses.	Amount of doses.	Interval between doses.	Number Schick tested after injections.	Interval between final injection and Schick test.	Percentage Schick negative
1929 to 1932	Toxoid-antitoxin (T.A.M.)	1429	3	1 cc. + 1 cc. + 1 cc	One week.	946	24 weeks.	86.3%
1933 and 1934	Formol Toxoid (F.T.)	760 (351)	*2	Total dosage varied from 0.4 cc. to 1 cc.	Two to three weeks.	347	4 to 6 weeks.	87%
		760 (409)	*3	Total dosage varied from 0.8 cc. to 1.8 cc.	Two to three weeks.	399	4 to 6 weeks	95%
1935 1936 and 1937	Alum-precipitated Toxoid (A.P.T.)	1934	2	1st dose 0.1 cc. or 0.2 cc 2nd dose 0.4 cc. or 0.5 cc.	Four weeks	†1555	8 weeks	99.6%

* Included the small " detector dose " of 0.1 cc. or 0.2 cc. used instead of the Moloney test.
† 572 children were tested with " standard " and 983 with " four-fold " Schick toxin.

XIX. MISCELLANEOUS.

During the year 172 children were examined regarding their physical fitness for part-time employment. The majority of these children are engaged in newspaper delivery. 3 children were rejected as unfit.

The following extracts from the Juvenile Employment Committee's Report for the year ending 31st July, 1933, indicate its valuable co-ordinating work between school life and the labour market.

" The Committee is authorised by the Poole Borough Council to advise and help boys and girls from the ages of 14 to 18 years in choice of suitable employment and to assist, where required, on all matters relating to their industrial welfare.

" All Departments in Schools are visited towards the end of each leaving period, when the Leavers are interviewed and particulars taken of employment desired. Thus close personal co-operation is maintained with all Head Teachers. When children have left School they are followed up by an After-Care Visitor, who reports to the Bureau whether the child is in work and if any further action is required. The child's name is kept on a list if he is not in satisfactory employment, or only in temporary work."

The Report for the period August, 1936 to July, 1937, shows that during the year 1008 vacancies, of which 259 were ultimately cancelled, were notified to the Bureau. Of the available vacancies, 722 were filled, 302 boys and 420 girls being placed in employment.

52 boys were employed as errand boys, 34 as van boys, 32 as trade apprentices, and other posts filled were garden boys, factory workers, labourers, brick and timber workers. 53 girls found work as resident and 136 as daily maids, and 63 were placed as shop assistants. Others were employed as laundry, pottery and factory workers, and as shop apprentices. The number of elementary school leavers during the period was 671 (347 boys and 324 girls).

The 1937 report stated : " There is an increasing tendency for children to remain at school beyond the term in which they are eligible to leave, particularly if they have no work in view. They are encouraged to join evening classes."

Irregular Attendances. Under the School Attendance Bye-laws 18 appearances were made before the magistrates. Fines were inflicted in 13 cases.

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Table I.

RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.

Number of Inspections in the prescribed Groups.

Entrants	837
Second Age Group	673
Third Age Group	649
Total ...	2159
Number of Other Routine Inspections	—
	2159

B. Other Inspections.

Number of Special Inspections ...	3205
Number of Re-inspections	5341
Total ...	8546

C. Children Found to Require Treatment.

Number of Individual children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases.)

Group. (1)	For defective vision (excluding squint) (2)	For all other conditions recorded in Table IIA (3)	Total (4)
Entrants	—	116	116
Second Age Group ...	23	99	122
Third Age Group ...	39	66	105
Total (Prescribed Groups)	62	281	343
Other Routine Inspections	—	—	—
GRAND TOTAL ...	62	281	343

TABLE II.

A. Return of Defects found by Medical Inspection in the Year Ended 31st December, 1937.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment	Requiring to be kept under observation, but *not* requiring treatment.	Requiring treatment	Requiring to be kept under observation, but *not* requiring treatment.
Skin	Ringworm :				
	Scalp	—	—	7	—
	Body	—	—	3	3
	Scabies	1	1	6	7
	Impetigo	—	—	72	1
	Other Diseases (Non-Tuberculous)	6	—	161	14
Eye	Blepharitis	1	—	17	—
	Conjunctivitis	1	—	27	3
	Keratitis	1	—	2	3
	Corneal Opacities	—	—	—	—
	Other Conditions (excluding Defective Vision and Squint)	2	—	68	2
	Defective Vision (excluding squint)	62	—	108	3
	Squint	23	—	15	—
Ear	Defective Hearing	1	1	1	1
	Otitis Media	—	—	28	—
	Other Ear Diseases	1	—	41	1
Nose and Throat	Chronic Tonsillitis Only	50	1	8	1
	Adenoids only	38	18	19	2
	Chronic Tonsillitis and Adenoids	142	39	288	4
	Other Conditions	10	1	119	2
Enlarged Cervical Glands (Non-Tuberculous)		38	—	31	1
Defective Speech		5	—	—	—
Heart and Circulation	Heart Disease :				
	Organic	—	1	2	1
	Functional	2	—	2	8
	Anaemia	—	—	2	—
Lungs	Bronchitis	11	—	14	1
	Other Non-Tuberculous Diseases	1	—	3	3
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	—	—	—	5
	Non-Pulmonary :				
	Glands	—	2	1	3
	Bones and Joints	—	—	—	1
	Skin	—	—	—	—
	Other Forms	1	—	—	1
Nervous System	Epilepsy	3	1	2	1
	Chorea	2	—	3	3
	Other Conditions	1	—	5	6
Deformities	Rickets	1	—	2	—
	Spinal Curvature	2	—	2	1
	Other Forms	6	1	24	11
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)		13	—	1038	109
Total		425	66	2121	202

TABLE II.

A. Return of Defects found by Medical Inspection in the Year Ended 31st December

DEFECT OR DISEASE	No. of Defects		
	Requiring Treatment	Requiring to be kept under Observation, but not requiring Treatment	Requiring Special Treatment
Uncleanliness (Head)			
Uncleanliness (Body)			
Uncleanliness (Clothing)			
Ringworm			
Scalp			
Body			
SKIN Scabies			
Impetigo			
Other Diseases (Non-Tuberculous)			
Blepharitis			
Conjunctivitis			
Keratitis			
EYE Corneal Opacities			
Other Conditions (including Defective Vision and Squint)			
Otitis Media			
Impaired Hearing			
EAR Otitis Externa			
Other Ear Diseases			
Chronic Tonsilitis Only			
NOSE AND THROAT Adenoids Only			
Chronic Tonsilitis and Adenoids			
Other Conditions			
Enlarged Cervical Glands (Non-Tuberculous)			
Defective Speech			
HEART Heart Disease			
AND Organic			
CIRCULA- Functional			
TION Anæmia			
Bronchitis			
LUNGS Other Non-Tubercular Diseases			
Pulmonary :			
Definite			
Suspected			
TUBER- Non-Pulmonary :			
CULOSIS Glands			
Bones and Joints			
Skin			
Other Forms			
NERVOUS Epilepsy			
SYSTEM Chorea			
Other Conditions			
DEFORM- Rickets			
ITIES Spinal Curvature			
Other Forms			
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)			
Total			

B. Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	837	120	14.33	660	78.86	48	5.73	9	1.08
Second Age-group	673	74	11.00	528	78.45	58	8.62	13	1.93
Third Age-group	649	144	22.19	474	73.03	29	4.47	2	0.31
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL	2159	338	15.66	1662	76.98	135	6.25	24	1.11

TOTAL											
Other Karstic sub-zone											
Third Age-Group											
Second Age-Group											
Juniors											
	Inspected Caverns Number of										

B. Classification of the Karstic Zone according to Caverns Inspected and the Karst Phenomena

Age Groups

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
3	—	—	1	4

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	2	1	—	3

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total.
2	—	—	1	3

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	2	—	—	2

Mentally Defective Children. (Feeble-Minded Children).

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	14	12	8	36

Epileptic Children. Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	2	—	1	5

Physically Defective Children

A. Tuberculous Children.

I.—Children Suffering from Pulmonary Tuberculosis. (Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	1	—	3	6

II.—Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	11	2	4	21

B. Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	17	1	4	22

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	23	2	7	33

D. Children With Heart Disease.

At Certified Special Schools	At Public Elementary Schools	At other Institutions.	At no School or Institution	Total
—	6		4	10

Children suffering from Multiple Defects. (Feeble minded and Crippled).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	3	2	5

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Blind Children.

At Certified School for the Blind		At Public Elementary School		At Other Institutions.		At no School Institution		Total.	

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1937, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total Number of Children Notified ... 7

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	BOYS	GIRLS.
(i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(*a*) Idiots	—	—
(*b*) Imbeciles	4	2
(*c*) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(*a*) Moral defectives	—	—
(*b*) Others	—	—
Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
Feeble-minded children notified under Article 3, *i.e.*, "special circumstances" cases	—	1
Note.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.		
Children who in addition to being mentally defective were blind or deaf	—	—
Note.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
GRAND TOTAL	4	3

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 19??, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Description	Boys	Girls
(i) Children over the age of compulsory school attendance or leaving school during the year:		
(a) Ineducable	4	5
(b) Educationally subnormal	—	—
(ii) Children under the age of compulsory school attendance:		
(a) Ineducable	—	—
(b) Educationally subnormal	—	—
Epileptic children (children reported as having a history of epilepsy but not falling within any of the above categories)	—	—
Physically handicapped children (children reported as having a defect of locomotion, vision, hearing or speech which is not due solely to mental defect)	—	1
Children who are suffering from serious disorders of speech or stammering to such an extent as to require treatment	—	—
Grand Total	4	6

TABLE IV.

Return of Defects Treated during the year ended 31st December, 1937.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
SKIN :—			
Ringworm-Scalp—			
(i) X Ray Treatment. If none, indicate by dash.	2	—	2
(ii) Other ,, ...	5	—	5
Ringworm-Body	3	—	3
Scabies	6	—	6
Impetigo	72	—	72
Other Skin Disease	159	2	161
MINOR EYE DEFECTS :—			
(External and other, but excluding cases falling in Group II)	110	4	114
MINOR EAR DEFECTS :—	69	1	70
MISCELLANEOUS :—	1020	18	1038
(*e.g.* minor injuries, bruises, sores, chilblains, etc.)			
Total	1446	25	1471

GROUP II.—DEFECTIVE VISION AND SQUINT (Excluding Minor Eye Defects treated as Minor Ailments—Group I).

Defect or Disease. (1)	No. of Defects dealt with. Under the Authority's Scheme (2)	Otherwise (3)	Total (4)	No. of children for whom spectacles were Prescribed (1) Under the Authority's Scheme	Prescribed (1) Other wise.	Obtained (2) Under the Authority's Scheme	Obtained (2) Otherwise
Errors of Refraction (including Squint)	346	—	346				
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	9	4	13	191	—	175	6
Total	355	4	359	191		181	

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects. Received Operative Treatment. Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme (2)				Total (3)				Received other forms of Treatment. (4)	Total number treated. (5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	5	226	—	...	—	4	—	—	5	230	—	199	434

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat

TABLE IV.

Return of Defects Treated during the year ended 31st December 19[illegible]

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS [excluding Uncleanliness, for which see Gr

TABLE IV.—*continued.*

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
No. of children treated.	1	9	103	—	—	3	116

TABLE V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Aged :

Routine Age Groups

5	583
6	699
7	744
8	816
9	813
10	796
11	720
12	649
13	652
14	155

Total—6627

(*b*) Specials ... ... 540(*)

(*c*) Total (Routine and Specials) 6627

(2) Found to require treatment 3975

(3) Actually treated ... 1308

(4) Attendances made by children for treatment—2132

(5) Hours devoted to :—

Inspection – 140
Treatment – 439
Total—579

(6) Fillings :—

Permanent Teeth 518
Temporary Teeth 20
Total—538

(7) Extractions :—

Permanent Teeth 798
Temporary Teeth 3549
Total—4347

(8) Administrations of general anæsthetics for extractions 1101

(9) Other operations :—

Permanent Teeth 1
Temporary Teeth 1
Total 2

* Included in total (*a*) above.

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1)	Average number of visits per school made during the year by the School Nurses	5
(2)	Total number of examinations of children in the Schools by School Nurses ...	26401
(3)	Number of individual children found unclean	311
(4)	Number of individual children cleansed under Section 87 (2) & (3) of the Education Act, 1921	—
(5)	Number of cases in which legal proceedings were taken :—	
	(*a*) Under the Education Act, 1921	—
	(*b*) Under School Attendance Byelaws	3

TABLE VII.

Statistics of Attendance, etc.

School		Recognised Accommodation	Average number on register	Average Attendance	Percentage
COUNCIL SCHOOLS.					
Lagland Street	Infants' Department	394	348	310	89.1
Hamworthy	Mixed & Infants' ,,	540	647	585	90.4
Branksome Heath	Boys' ,,	280	296	278	93.9
,,	Girls' ,,	303	328	305	92.9
,,	Infants' ,,	303	340	289	85.0
Heatherlands	Boys' ,,	312	328	298	90.8
,,	Girls' ,,	300	303	283	93.4
,,	Infants' ,,	300	286	250	87.4
Oakdale	Mixed ,,	410	467	430	92.1
Courthill	Mixed ,,	400	368	335	91.0
,,	Infants' ,,	250	195	165	84.6
South Road	Boys' ,,	290	252	237	94.5
,,	Girls' ,,	290	205	199	97.1
Martin Road	Mixed & Infants' ,,	320	330	295	89.4
Broadstone	Mixed & Infants' ,,	243	238	212	89.1
NON-PROVIDED SCHOOLS.					
St. Aldhelm's	Boys' ,,	232	242	215	88.8
,,	Girls' & Infants' ,,	419	346	311	89.9
Parkstone C. of E.	Mixed ,,	382	325	296	91.1
,,	Infants' ,,	140	113	87	76.9
Longfleet	Boys' ,,	240	215	199	92.6
,,	Girls' ,,	164	180	168	93.3
,,	Infants' ,,	164	189	142	75.1
Poole C. of E.	Boys' ,,	279	192	183	95.3
,,	Girls' & Infants' ,,	363	296	265	89.5
St. Mary's R.C.	Mixed & Infants' ,,	136	124	109	87.9
Canford Village C. of E.	Mixed & Infants' ,,	120	60	53	88.3
Rossmore R.C.	Mixed & Infants' ,,	175	166	31	18.7
Total		7799	7379	6477	87.8

TABLE VII.

Statistics of Attendance, etc.

School	Number on Register at Commencement of Session	Average Number on Register during Session	Average Attendance during Session	Percentage of Attendance
Convent Schools.				
Lilyfield Convent	Infants' Department	750	318	310	80·1
Petersham	Girls & Infants'	340	847	555	91·4
Primrose Hill	Boys'	260	280	279	93·6
"	Girls'	305	290	280	87·9
"	Infants	313	340	320	87·0
Jacob-alley's	Boys'	312	329	320	90·1
"	Girls'	340	308	292	93·3
"	Infants	310	276	270	87·4
Oakville	Mixed	270	247	230	93·1
Overhill	Mixed	260	240	225	81·0
"	Infants	260	195	190	84·0
North Head	R. C.	290	252	237	94·0
"	Girls	280	260	230	87·1
Marsh Road	Mixed & Infants'	250	230	220	89·1
Brookvale	Mixed & Infants'	240	210	170	80·1
Some Previous Statistics.					
St. Aubin's	Boys'	250	242	226	90·1
"	Girls' & Infants'	310	270	244	90·0
Petersham C. of E.	Mixed	260	250	230	91·1
"	Infants'	150	113	97	76·0
Leichhardt	Boys'	240	214	190	88·0
"	Girls'	250	240	190	90·7
"	Infants	260	230	190	82·1
Manly C. of E.	Boys'	270	230	190	82·3
"	Girls' & Infants'	260	230	190	82·3
St. Mary's R.C.	Mixed & Infants'	190	170	150	88·0
Central Village C. of E.					
"	Mixed & Infants'	120	80	55	68·—
Illawarra, Mt. K.	Mixed & Infants'	170	140	31	18·7
Total	...	7700	7270	6917	89·4